St. John's University Speech and Hearing Center 152-11 Union Turnpike Flushing, NY 11367 Mailing Address: St. John's University Speech & Hearing Center 8000 Utopia Pkwy Queens, NY 11439

SPEECH AND LANGUAGE EVALUATION

Adult Intake Form

General Information	
Name	Examiner
Address	D.O.B
Phone	Age at Evaluation
Sex	Occupation
Place of Employment	
Marital Status	Children (names & Ages)
Patient's Physician	Address
Phone	
Referred By	
Reason for Referral	
Patient's statement and des	cription of the problem (including onset)
-	
Names of Physicians consu	lted about this problem
Cite any previous speech, l	anguage, hearing evaluations or therapy conducted

and the second of the second o
CASE HISTORY
Pertinent Birth Problems (including problems during mother's pregnancy, labor delivery; genetic or blood anomalies; length of gestation and birth weight)
Medical History (including childhood diseases and current illness, allergies, recurrent ear infections, URIs, surgery, injuries, hospitalization, medications, high fevers, high blood pressure, cardiac problems, trauma. Note age, duration and treatment of each. Cite medication currently taking).
×
Any neuromuscular problems
Family History (including genetic or familial problems, behavioral problems)
Speech Hearing & Language History (including languages spoken at home, languages spoken by the client, difficulties in early speech and language developmental history of speech, hearing and language problems in the family)
Educational History (including dates)
School attended
Degree
Area of specialization
All information will be held in strict confidence and not released to any person(s) without explicit authorization nor shared with any unauthorized person.
The Speech and Hearing Center operates consistent with St. John's University's mission, which prohibits discrimination on the basis of race, religion, color, national or ethnic origin, age, sex, sexual orientation, marital

status, or disability.

Rev. 6/06