



Lebanon Valley College

CENTER FOR SPEECH, LANGUAGE,
AND HEARING DISORDERS

OFFICE USE ONLY	
Date Received	
Staff Initials	
PLAN:	<input type="checkbox"/> Send Forms
	<input type="checkbox"/> Hold
	<input type="checkbox"/> Other

ADULT INTAKE FORM

CLIENT INFORMATION							
FULL NAME:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:			
CURRENT AGE:		SIG OTHER/GUARDIAN IF APPLICABLE:		MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMAIL ADDRESS:							
PHONE #: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK							
MAIN CONCERNS PLEASE EXPLAIN CURRENT COMMUNICATION OR SWALLOWING CONCERNS							
YOUR REACTIONS		<input type="checkbox"/> Try again/revise <input type="checkbox"/> Angry/frustrated <input type="checkbox"/> Other: (specify) _____ <input type="checkbox"/> Give up <input type="checkbox"/> Don't notice problem					
PHYSICIAN CONCERNS							
OTHER SERVICES AND EVALUATIONS <input type="checkbox"/> None		TYPE OF SERVICE		DATES/AGE		NAME OF PROVIDER	
REFERRAL SOURCE							
PLEASE CIRCLE THE DAYS AND CIRCLE AM or PM FOR YOUR AVAILABILITY		MONDAY AM or PM	TUESDAY AM or PM	WEDNESDAY AM or PM	THURSDAY AM or PM	FRIDAY AM or PM	

(continued on the next page)

I understand that Lebanon Valley College Center for Speech, Language and Hearing Disorders (“Center”) can only accommodate a limited number of clients per semester, and that completion of this intake form does not guarantee that I will be accepted as a new client. The Center’s clinical staff will review my intake form to determine whether I am a good candidate for the types of services provided at the Center and will contact me to schedule an initial assessment, subject to availability. In the event there are no available slots for new clients in the current semester, I will be notified and automatically placed on a waitlist for the next available semester, unless I notify the Center in writing that I do not wish to be placed on a waitlist.

If I become a client of the Center, I understand that a Lebanon Valley College graduate student will be assigned to participate in my treatment under the direct supervision of a licensed and certified speech-language pathologist, and I hereby consent to his or her participation in my treatment.

Client Signature: _____

Date: _____