Speech and Language/Augmentative Alternative Communication Intake

Date Completed: _____/_____/_____

Patient Information

Last Name: _____   First Name: _____   Middle Initial: _____

Date of Birth: _____/_____/_____   Sex: Male ☐   Female ☐   Nickname: _____

Primary Language: _____   Secondary Language: _____

Reason for Referral

Note: Many standardized tests cannot be repeated within one year's time. Please bring or send a copy of any speech evaluations done within the last year.

I am requesting the following:

☐ A speech and language evaluation to assess how the patient speaks and understands language compared to other people his/her age.

☐ An Augmentative Alternative Communication evaluation, to see if pictures or technology might improve the patient's ability to communicate at home and in school/community.

What is it that you would like for us to look at? What would you like to get out of the evaluation(s)?

_____
_____
_____

Has the patient ever participated in an Augmentative Alternative Communication evaluation?   Yes ☐   No ☐
If yes, please include last evaluation.

Has the patient participated in outpatient speech therapy in the past?   Yes ☐   No ☐

If yes, were they discharged from therapy?   Yes ☐   No ☐

Please explain:

_____
_____

Communication and Language Skills

Is the patient able to read?
   Yes ☐   No ☐   If yes,   Letters? ☐   Words? ☐   Sentences? ☐   Paragraphs? ☐

Is the patient able to write?
   Yes ☐   No ☐   If yes,   Letters? ☐   Words? ☐   Sentences? ☐   Paragraphs? ☐

Is the patient able to type?
   Yes ☐   No ☐   If yes,   Letters? ☐   Words? ☐   Sentences? ☐   Paragraphs? ☐

Please respond to all that apply and provide examples where applicable.

How does the patient communicate?	Examples
Gesture (Pointing, pulling, etc)	
Looks toward item	
Uses facial expressions	
Sounds/Word attempts	
Words	
Reaches for objects	
Uses pictures or photos	
Sign Language	
Technology with voice	
Writing/Typing	

Does the patient express yes and no?   Yes ☐   No ☐
If yes, explain how:
_____
_____

Is the patient able to clarify his/her message if not understood?   Yes ☐   No ☐
Please describe. _____
_____
_____

Does patient communicate differently in school/home/community settings?   Yes ☐   No ☐
Please describe. _____
_____
_____

Receptive Language (Understanding language):
Does the patient:
- Point to things or pictures when asked?   Yes ☐   No ☐
- Follow directions?   Yes ☐   No ☐
    One step directions? ☐   Two step directions? ☐   Multi-step directions? ☐
- Understand conversation?   Yes ☐   No ☐
- Identify an object out of a group of objects (such as "give me the…")?   Yes ☐   No ☐

Please give examples of other ways the patient shows he/she understands.
_____
_____
_____