



Improving Speech, Language &
Reading Ability One Word at a Time.

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Client Input Form

Please provide the following information for your child. All information will be kept private, in accordance with HIPPA laws and regulations (see Notice of Privacy Policies).

Child's name: _____ Date of birth: ____/____/____ Sex: M/F

Primary Language: _____ Secondary Language: _____

Child's Pediatrician/Primary Care Physician: _____

Please list any other family members living with child _____

Does your child attend Pre-School, a Mothers Day Out program or Elementary School? Y/N

If yes, name of school or program _____

Mother's name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ *Please circle best contact method.*

Father's Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ *Please check preferred contact method.*

Has any family member ever received speech or language therapy or had a history of speech or language difficulties? Y/N

If yes, please list relation to child and type of difficulty:

Has your child had hearing tested or screened? Y/N

Date: _____ Place of Testing: _____

Results of Testing or Screening: _____

Has your child ever received ear tubes? Y/N Date Received: _____

Has your child had vision tested or screened? Y/N

Date: _____ Place of Testing: _____

Results of Testing or Screening: _____

Please list all medical conditions your child has been diagnosed with: _____

Please list child's medications, surgeries, allergies, and any other relevant medical information:

What is your primary concern regarding your child's speech, language or communication?

What are your child's personal interests and likes? _____

What are your child's strengths? _____

What are your child's dislikes? _____

Please list any therapy services your child has received or is currently receiving through school, hospital, private practice, or any other local agency: _____

What do you hope to achieve from this visit? _____
