



LUCIA REARDON
Licensed speech-language pathologist
M.A.CCC-SLP

10 Ocean Avenue Apt. 2
Portland, ME 04096

Office: 207-671-3766
luciareardon@me.com
www.luciareardon.com

Client Intake Form (Adult)

Full Name: _____

Date of Birth: _____

Occupation: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Other #: _____

Email Contact(s): _____

Health History:

Have you received any specific diagnosis/diagnoses related to your interest in this practice’s services?

_____ At what age? _____

_____ At what age? _____

_____ At what age? _____

Do you regularly take medication? If so, please indicate type of medication and reason for medication:

Educational/Professional Background:

Please provide some details about your education (e.g., high school diploma, secondary education, advanced degrees)

Do you have a history of academic challenges?

Did you participate in so called “gifted programs”?

As a student in middle or high school, did you receive accommodations of any sort? Did you find them helpful?

Please provide any information you feel is pertinent about your education that helps to explain why you are seeking our services.

What jobs have you held, if any in the last few years?

If currently employed, what is your position and are you content in that position?

Please provide any information regarding your work or profession that you feel will be helpful and pertinent.

Executive Function Skills:

Can you plan your day, identify priorities and stick to them?

Can you maintain systems for organizing your work?

Are you usually on time for appointments and activities?

Are you able to estimate how long it will take to complete a task?

Are you able to break large tasks or assignments into subtasks and timelines?

Do you frequently leave tasks or assignments until the last minute?

Are you able to adjust to changing circumstances or unexpected events in stride?

Is procrastination a problem for you? If yes, under what circumstances?

Do you struggle to set reasonable goals?

Social Cognitive-Communication Skills:

What are your social strengths?

What are your social weaknesses?

Describe some specific social difficulties that you have experienced.

Are you able to easily understand body language and facial cues while in the midst of a communication situation?

Do you feel that you have an accurate assessment of how you are perceived by others and why?

Are you able to engage in socially appropriate and reciprocal behavior and conversation with your peers, co-workers, friends and family? Is it significantly different with one group versus another? If so please explain.

Can you “read” social situations well and adjust your behavior based on the reactions of others?

Do you feel a beat behind in social situations? If so, in your opinion is this related to slow processing of social information or to anxiety (or both)?

Can you successfully join into a group conversation already in progress?

Do you struggle to create or maintain healthy relationships?

Are you able to collaborate easily in the work place?

What are your interests?

Overall, how would you describe yourself (e.g., happy, nervous, sense of humor, etc.)?

Family History:

Are you married or have a partner with whom you live? If yes, please provide spouse's/significant other's name.

Do you have children? If yes, please provide names and ages.

Is there any history of speech/language, social, psychological or learning difficulties in your family? If yes, please explain.

Evaluation History:

Have you ever had a speech/language, learning, psychological or neurological evaluation?

If yes, please explain reason for and results of evaluation.

Are you under the care of another professional (i.e., psychologist/ psychiatrist/counselor)? Please specify and give the reason why.

Have you received psychological, speech, social thinking or executive function therapy in the past? If yes, please indicate the type of therapy and the approximate dates of therapy.

Summary:

What are your goals regarding therapy?

Please provide any additional information, history or insight here that you consider important.

All of the information you have provided in this form will be kept confidential and will only be used for evaluative and therapeutic purposes. Please return the completed form to Lucia Reardon (MA, CCC-SLP) via email (luciareardon@hotmail.com) so that a consultation can be scheduled.

Please note that Lucia Reardon Speech Language Pathology, LLC does not accept payment through insurance companies. Clients are provided with a monthly bill that may be submitted to their health insurance, if appropriate.

Clients must read, understand and agree to the terms and conditions in the Policies and Procedures of Lucia Reardon Speech Language Pathology, LLC (this document can be read on the website under CONTACT and clients will be provided with a printed copy as well) and agree to be responsible for the payment for speech and language therapy treatment, evaluation and consultation services rendered as outlined to commence and receive services.

This form will be printed out at the time of the first consultation. The client will sign and date it and the form will be retained in the client's file.

Signature of Client (18 years or older): _____

Date: _____

Office Use

