



## Palm Beach Speech & OT Specialists

### NEW PATIENT INTAKE FORM

Date:

Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, ZIP

City, State, ZIP

Email

Email

Name of other specialists treating child:

Has child had an audiological exam?

What were the results?

### REFERRAL INFORMATION

Who can we thank for referring you?

Are there any illnesses or medical conditions which have been diagnosed?

What are your major concerns about your child?