SCHIEFELBUSCH
Speech-Language-Hearing Clinic

785-864-4690
splhclinic@ku.edu
www.splhclinic.ku.edu

INTAKE FORM

Name of Client: _____ Birthdate: _____ Age: _____ years

Primary Contact Name: _____ Relationship to Client: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Primary Insurance: _____ Secondary Insurance: _____

Referred to Clinic by: _____

Check the service(s) you are seeking:

- ◯ Speech-Language Assessment (seeking speech-language diagnosis & recommendations)
- ◯ Augmentative-Alternative Communication (AAC) Assessment
- ◯ Individual Speech-language Therapy
  - ◯ Child
  - ◯ Adult
- ◯ Early Connections (group speech-language therapy for children birth to 5)
  - ◯ Child with speech-language delays
  - ◯ Child without speech-language delays
- ◯ Language Acquisition Preschool (preschool for children 3-5):
  - ◯ Child with speech-language delays
  - ◯ Child without speech-language delays
  - ◯ Child who is bi/multilingual
- ◯ Adult & Children Group Interventions (e.g., Book Club, Conversation Groups, Mighty Readers, etc.)
- ◯ Audiology Services
  - ◯ Hearing Evaluation
  - ◯ Hearing Aid Consultation (with hearing test performed in the last year)