## SCHIEFELBUSCH SPEECH-LANGUAGE-HEARING CLINIC 2101 Haworth Hall University of Kansas

Intake Form	n for Assessment and/or Intervention	

Date form completed	Date Recei	ved		
Service(s) Requesting (check one) Assessm	entIntervention	nAss	sessment & Int	ervention
Preferred Services for Intervention:Grou	pIndividual _	Both		
Name of Client		_Phone (	)	
Address	<b>C</b> ''		State	7:01
Birthdate Age	Email		State	Zip Code
Primary Contact:	Relationship to C	lient:		
Phone Number:	E-mail			
Physician				
Physician	Address		Phone	
Client referred by	Relationship to fa	mily		
Person filling out this questionnaire			Relationship to	o Client
Insurance Information:				
Primary Insurance:				
Insurance Company				
Group Name				
Policy Holder's Name	Policy	Holder's DO	B	
Secondary Insurance:				
Insurance Company				
Group Name		ID		
Policy Holder's Name	Policy	Holder's DO	B	
Office Use Only:				

Date Added to Waiting List and by Whom\_\_\_\_\_