



Communication Sciences and Disorders
College of Education
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Boca Raton, FL 33431-0991

Department: 561-297-6074
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Communication Disorders Clinic - Client Intake Form

1) Referring Source:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Client's a: Legal Name b: Name client wishes to be called during treatment

a) \_\_\_\_\_

b) \_\_\_\_\_

3) Gender Identity

\_\_male; \_\_female; \_\_Decline to state; Other:
\_\_\_\_\_

If you wish, you may choose from the following options:

- \_\_Transgender Female/Transgender Woman
\_\_Transgender Male/Transgender Man
\_\_Two-Spirit
\_\_Gender Queer/Gender Fluid
\_\_Intersex
\_\_Non-binary/Gender Non-Conforming
\_\_Another Identity

4) Pronouns

\_\_he/him/his; \_\_she/her/hers; \_\_Decline to state; Other:
\_\_\_\_\_

5) Language Identity and History

Language first spoken: \_\_\_\_\_

Language of primary importance: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

6) *Primary reason for coming is*

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7) *An evaluation*

\_\_\_ Has been done in the last 6 months

\_\_\_ It has been \_\_\_\_\_ (# months/yrs.)

8) *Currently receiving services:*

\_\_\_ Yes, at \_\_\_\_\_

\_\_\_ No

9) *Received services in the past:*

\_\_\_ Yes, at \_\_\_\_\_

\_\_\_ No