



PROSPECTIVE CLIENT INTAKE FORM
SPEECH LANGUAGE AND LITERACY CENTER (SLLC)

Please submit all completed forms to our current SLLC Intake Coordinator's email address: GSabido@MGHIHP.Edu

Please call our SLLC Intake line 617-726-8019 for any questions.

Once forms are processed, you will be contacted by the SLLC to confirm information.

FAMILY/CLIENT INFORMATION

- 1) Parent/Guardian Full Name: _____ 1a) Date form filled: _____
 2) Client Full Name: _____ 2a) Current School Grade: _____
 2b) Client Age: _____ 2c) Client Date of Birth: _____
 3) Address: _____
 4) Primary Phone: _____ 4a) Phone Type: Home Cell Work
 5) Secondary Phone: _____ 5a) Phone Type: Home Cell Work
 6) Email Address: _____

REFERRAL INFORMATION

- 7) How did you hear about the SLLC?
Please include information here: _____
 8) Date of most recent formal evaluation & type: _____
 9) Relevant medical diagnoses: _____
 10) Please describe reason for SLLC therapy request:
Include a description of areas of speech and/or literacy that are most challenging for client:

AVAILABILITY

- 11) Please list or check off ALL days and times you are available to come in for sessions:
Clinic hours of operations are: Monday and Wednesday 9:00am-5:00 pm, Tuesday, Thursday and Friday 9:00am-6:00 pm.
Each session begins on the hour.

		Available Session Days				
		Monday	Tuesday	Wednesday	Thursday	Friday
Session Hour(s)	9:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a) Availability Comments: _____

ADDITIONAL QUESTION(S)

- 12) Can we contact you for clinical learning purposes and/or future research opportunities? Yes No

Disclosure Statement: SLLC clinic spots are not guaranteed. Therapy is provided by graduate students in the Communication Sciences and Disorders program under the direct supervision of licensed clinical faculty. The Center does not discriminate in the delivery of professional services on the basis of color, race, religion, gender, genetic information, sexual orientation, gender identity or expression, age, disability, veteran status, marital status, national origin, or the ability to pay.