

Northwest Speech Therapy & Spotlight Social Skills

Intake Information: _____ Today's Date: _____

Patient Name: _____ Birthdate: _____ Age: _____

School: _____ Location: _____ Grade: _____

Special program: IEP/504 plan/Speech/OT/PT/other? _____

Does your child have a diagnosis? _____

Where diagnosed? _____ When? _____

Medications? _____

Parents: _____

Address: _____

Phone: h _____ w _____ c _____

Email: _____

Primary Insurance _____ Identification # _____ Group # _____

Main concerns:

a) At home: _____

b) At school: _____

Briefly, when and what did you first notice that concerned you about your child?

Does he/she have friends? _____

Areas of interest? _____

Extra Curricular Activities? _____

Quirks/sensitivities? _____

How did you hear about Spotlight Social Skills? _____