
SUSAN M. FOSNOT, Ph.D., C.C.C.-Slp, Inc.
21208 Costanso Street, Suite 2
Woodland Hills, CA 91364
(818) 884-9110 [off]
(818) 884-9119 [fax]

CLIENT INTAKE FORM

Each client that comes in the office has an evaluation whether or not a recent diagnostic has been completed (by the school, a speech-language pathologist, a psychologist, or a neuropsychologist). Dr. Fosnot is committed in providing the most comprehensive approach to treating a client. In order to serve you better, please take time to fill out the intake form. Issues of confidentiality prohibit this form from being received through e-mail. **Please mail or fax the form back to the office.** You will be contacted to discuss speech/language issues and set up an appointment.

BACKGROUND INFORMATION		
Name:		
Street Address:		
City:		
State:	ZIP Code:	Country:
Home Phone: ()		Cell Phone: ()
Physician:		Developmental Pediatrician:

CHILD INFORMATION		
Child's Name:	Age:	Date of Birth:
Grade:	School:	District:
Special Education Student: ___(yes) ___(no)		
Receiving District Services: ___(yes) ___(no)		
If you answered "yes" to the services received, please indicate the frequency (e.g.-1x per wk for 20 min.		

___ Adaptive Physical Therapy (APT):	___time per week	___length of session
___ Assistive Technology (AT):	___time per week	___length of session
___ Deaf & Hard of Hearing (DHH):	___time per week	___length of session
___ Language & Speech Therapy (LAS):	___time per week	___length of session
___ Occupational Therapy (OT):	___time per week	___length of session
___ Physical Therapy (PT):	___time per week	___length of session
___ Vision Therapy (VT):	___time per week	___length of session

HISTORY OF LANGUAGE & SPEECH PROBLEM	
Describe child's speech/language problem as it appears to you:	
Describe parents'/relatives'/friends' reactions to child's problem.	
Have there been private speech, language, and/or communication skills assessment?	
If yes, who gave the assessment?	Date of Assessment?
Is there a current IEP?	Date of the most current IEP:
Does your child show signs of concern/embarrassment about talking (cries; refuses to talk; can't say certain words; gets red in the face; stamps foot)? If yes, please explain:	
ADDITIONAL INFORMATION	
What are your child's special interests (hobbies, pets, favorite sports or activities, possessions, etc)?	
Please comment or provide additional information that will help us better plan for your evaluation..	

Please fax this in-take form to our office at (818) 884-9119 and we will call you back to schedule an appointment. Thank you.