

## Social Language Therapy Adult Intake Form

### CONTACT INFORMATION

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

### PERSONAL INFORMATION

DOB: \_\_\_\_\_ Diagnosis (if any): \_\_\_\_\_

Employer: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Position: \_\_\_\_\_

SLP services: (therapist/frequency) \_\_\_\_\_

Addressing \_\_\_\_\_

OT services: (therapist/frequency) \_\_\_\_\_

Addressing \_\_\_\_\_

### SOCIAL SITUATION QUESTIONS

What are you main reasons participating in social language therapy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list strengths and weaknesses you have in the area of social skills.

Strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Communication Works

Please list three goals you have in the area of social skills.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

What are some of your interests/activities?

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Do you have any allergies (food or otherwise) or other medical conditions we need to be aware of?

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Please add any additional comments and/or information which you feel would be relevant to our social skills therapy group.

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**Thank You.**