BYU Speech and Language Clinic

Thank you for choosing the BYU Speech and Language Clinic for your speech-language pathology needs. Please understand that this is a teaching clinic which requires that clients be admitted based upon the clinical needs of our graduate students. Completion of this form is the first step in the admittance process. You will be notified of your application status and further requirements by email.

Adult Intake Form

Name:_____ DOB:_____ Age: _____

Phone: (home) _____ (cell) _____ Gender: _____

Email: _____

Address:_____

City:_____ State:_____ Zip:_____

Occupation:_____Employer:_____

Referred by:_____Phone:_____

Preferred method of contact: ☐Text ☐ Phone ☐ Email

☐Stroke ☐ Brain Injury ☐ Voice disorder ☐ Swallowing difficulties

☐Cognitive difficulties (memory, attention etc.) ☐ Communication difficulties

☐Other _____

Tell us about your speech-language, voice, or swallowing concern?_____

_____

_____

When did you first notice your concern? _____

_____

Have you had any previous treatment? (Please describe where, when, and how long) _____

_____

_____

Do you have any other medical complications? _____

_____

Have you had any of the following:

☐Allergies	☐Asthma	☐Dizziness	☐Encephalitis
☐Headaches	☐Hearing Loss	☐Influenza/Colds	☐Meningitis
☐Pneumonia	☐Seizures	☐Other_____	

Please list current medications: _____

_____

_____

Describe any major surgeries or hospitalizations:_____

_____

Please provide any additional information that would be helpful for us to know throughout the evaluation process: _____

_____

_____

_____

Person completing form: _____Relationship to patient: _____

Signature: _____ Date: _____

Please return this completed form to: Brigham Young University
Speech and Language Clinic
Attn: Sandy Alger
136 TLRB
Provo, UT 84602