



NICE SPEECH LADY RESOURCE: Questionnaire for Potential Telepractice Patients (page 1)

Name of Patient, and contact email: _____

Patient's address, phone number: _____

Your name, and role, if different: _____

Patient's DOB: _____

Insurance: _____

Major diagnoses: _____

Area of speech need: _____

Have a computer? Yes/No Notes: _____

Other technology available? Yes/No Notes: _____

Live with family? _____

Comfort with computers? _____

Comfort setting up a video call? Yes/No Notes: _____

Primary care provider, contact info.? _____

Describe visual/hearing skills: _____

Available caregiver support? _____

Do you have a quiet location? _____

Accommodation needs for testing? _____

Describe interaction style: _____

Open to the option of telepractice? _____

