Intake Paperwork Requirement, 2 of 2 (Adult/Adolescent +)

SYMPTOMS INTAKE/MEDICAL HISTORY, Nice Speech Lady

Nice Speech Lady LLC

DBA in NC = "Nice Speech Lady, PLLC"

- Service Location: Albuquerque, NM (live video visits + some limited in-person/ABQ visits).
- for NM: Nice Speech Lady LLC 500 Marquette Ave. NW, Suite 1200 Albuquerque, NM 87102
- for NC: Nice Speech Lady, PLLC. 4030 Wake Forest Road, STE 349 Raleigh, NC 27609 FAX: 1-833-464-5172
- Clinic website: https://nicespeechlady.com/for-patients/
- Practice Hushmail/Encrypted Email: gethelp@nicespeechlady.net (requires a gmail from patients, use of password)
- NM FAX: 1-833-455-8353. NC FAX: 1-833-471-5616. Backup FAX: 1-855-978-1157.
- Clinic Line: 1-505-358-9946

Patient name *

Date

Name of person filling out form *

Role of person filling out form (spouse, family member type, care partner, POA, guardian, etc.) *

Patient address *

Contact email *

Patient phone number *

Emergency contact name *

Emergency contact method *

Method of finding Nice Speech Lady *

Please list all areas that you were referred for a speech-language-swallowing pathology evaluation *

Family data, other factors *

Recent medical history/major diagnoses *

Medical history, full history/major diagnoses *

Describe previous SLP services (time frames, focus, outcomes) *

Family information *

Language in the home or in daily life (please list all) *

Biggest concern/need *

Things for the clinician to plan for -- to avoid challenges during testing *

Things for the clinician to avoid -- to prevent challenges during testing *

Largest concern, "in a nut-shell" *

List type of professionals that you have received services from, include details *

List the details of any accidents, illnesses, surgeries or other factors *

List any suspected conditions that you have not been diagnosed with, but wonder about. *

Ideas or factors as to why any speech pathology challenges exist? *

List medications taken currently, or has taken in the past (n/a if this does not apply) *

PCP name/identifying data/practice name *

Date of last physical examination with PCP *

List the year of the your last visual screening/test *

List the year of the your last hearing screening/test *

Work history details *

What is desired in seeking SLP services? *

Describe how the patient operates at work, school, home or in volunteering *

Describe communication skills (strengths and challenges): *

Describe cognitive/memory/planning/organizing/attention skills (strengths and challenges): *

Is there stuttering? If so, describe details. *

Describe your swallowing or feeding problem (n/a if not applying) *

Positives currently in place: *

Challenges or barriers currently in place: *

Requests or details in how the speech therapy could be conducted (so to support making the experience effective)? *

Favorite activities, subjects and interests? *

Please list details to share about which was not asked about (n/a if not applying) *

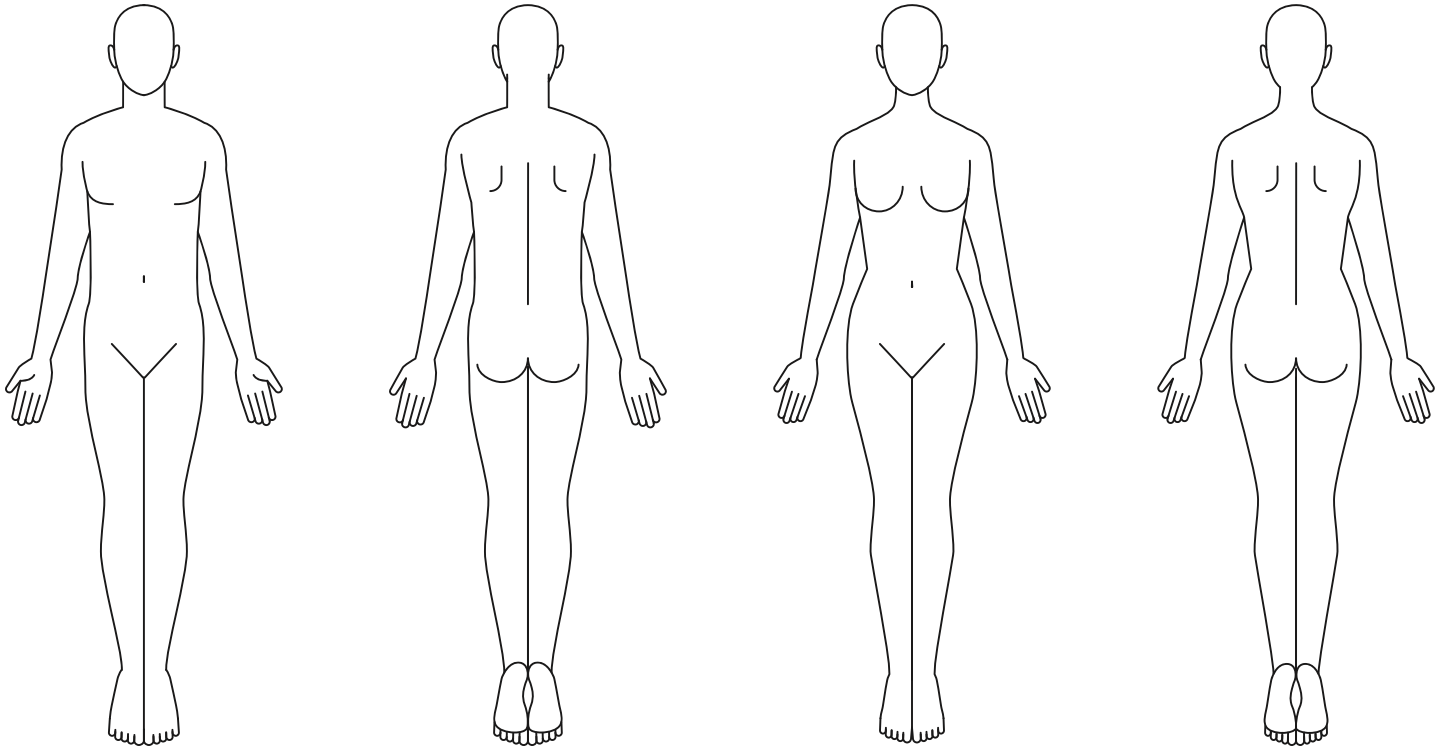
Goal -- In general: the desire within one month would be to: *

Goal -- In general: the desire within three months would be to: *

Goal -- In SLP areas: the desire within one month would be to: *

Goal -- In SLP areas: the desire within three months would be to: *

Mark the areas on the image where you are experiencing symptoms



Preferences for treatment delivery: A. in-person, B. virtual, C. combination of mostly virtual but some in-person visits, D. Combination of mostly in-person, but some virtual. E. Combination of 50/50 in-person and virtual. F. Not sure (*If in North Carolina, virtual-only is unfortunately the only option at this time) *

Willingness for home practice tasks (none, low, medium, high) *

Factors to consider in a home practice program (limited time, desire for short daily practice, limited internet at home for videos, desire for functional/real-world practice, etc.)? *

Ideas on preference for the frequency of visits (once a week, twice a week, etc.) *

Factors which play into scheduling (work schedule -- please provide details, other appointments, extra-curricular activities, travel time, other family commitments, fatigue, prefers certain timeframes, if available, etc.) *

When walking away from the evaluation appointment, the highest desire at this point is to achieve what knowledge, understanding or skills? *

Anything else to add? *

Signature *

Click to sign

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Service Location: Albuquerque, NM (live video visits + some limited in-person/ABQ visits).

Business Location: Raleigh, NC (live video visits only)
505-907-1902, voicemails only/secure line.

Business cell (best number) = 505-358-9946, quick messaging without private data.

Clinic website: https://nicespeechlady.com/for-patients/ (https://nicespeechlady.com/for-patients/)

Practice Hushmail/Encrypted Email: gethelp@nicespeechlady.net (requires a gmail from patients, use of password)

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Owner Wilson Nice, M.A., CCC-SLP, speech-language pathologist

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