Intake Paperwork Requirement, 2 of 2 (Pediatrics), Best Fill-Able Form

SYMPTOMS INTAKE/MEDICAL HISTORY, Nice Speech Lady

Pediatric Intake Form/Medical History, Nice Speech Lady LLC

DBA in NC = "Nice Speech Lady, PLLC"

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

Name of patient/child *

Form fill-out date *

DOB *

Age of patient/child *

Name of person filling out the form *

Role of person filling out the form *

Phone number of person filling out the form *

Patient address *

Other contacts/information to have on record, in the event of an emergency *

Method of finding Nice Speech Lady *

Why was the patient referred to Nice Speech Lady *

Area of speech pathology concern *

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

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

Past medical history/major diagnoses *

Who does the child primarily live with? *

List details on previous speech services (n/a if none in history) *

Family data/siblings, other factors *

Language/languages in the home *

Largest concern, "in a nut-shell": *

List other professionals the child has seen in the past, or is planning to see *

List any details on swallowing or feeding problems (n/a if this does not apply) *

List details if oral aversion exists (n/a if this does not apply) *

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

Please list any accidents, illnesses, surgeries or other factors *

List of conditions you wonder about, or others have communicated about -- to you *

Family history of speech, swallowing articulation, stuttering, language delays, reading/writing delays? (n/a if this does not apply) *

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

Describe sensory or focus skills (strengths and challenges): *

Describe communication skills (strengths and challenges): *

What percentage of the child's speech is understood by you? *

What percentage of the child's speech is understood by other in the child's circle? *

Date of last physical examination with PCP *

School setting information/grade (n/a if not applying) or daycare data *

Please describe how the child operates with school tasks/any concerns *

Positives the school setting is implementing (n/a if not applying) *

Child's strengths in the school setting (n/a if not applying) *

Did the child attend pre-K? *

Concerns in academic performance (n/a if this does not apply) *

How does the child feel about school? *

Describe current reading and writing skills (n/a if not yet developmentally indicated) *

Age the child began sitting: *

Age the child began walking: *

Age the child began running: *

Age the child began speaking a first word: *

Age the child began combining words *

Age the child began using sentences/fuller or longer messages: *

More details about development, thus far: *

Please describe the child's communication skills: *

Does the child have a history of stuttering? *

Describe examples of stuttering patterns (n/a if this does not apply) *

How does the child manage the ups and downs of a school or daycare setting? (n/a if not applying) *

Yes, no or other: Does the child demonstrate frustration when not understood by others? *

Rate the frustration (1-10 scale, where 0 being no frustration and "10" being the most frustration possible), when not understood (n/a if not applicable) *

If frustration is experienced, how often does this occur? (n/a if not applicable) *

Other details on frustration in not be understood by others (n/a if not applicable) *

Details: Does the child engage in communication with the general direction of where you you are located, so you know they are directing communication toward you, when interacting? *

Please describe the importance of the direction of face communication in the patient's family culture *

Describe: When given choices, does the child prefer to play alone, with others -- or a combination? *

In general: I would like, within 3 months, for the child to: *

In general: I would like, within 1 year, for the child to: *

Specific to speech concerns: I would like, within 3 months, for the child to: *

Specific to speech concerns: I would like, within 1 year, for the child to: *

Positives currently in place *

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.)? *

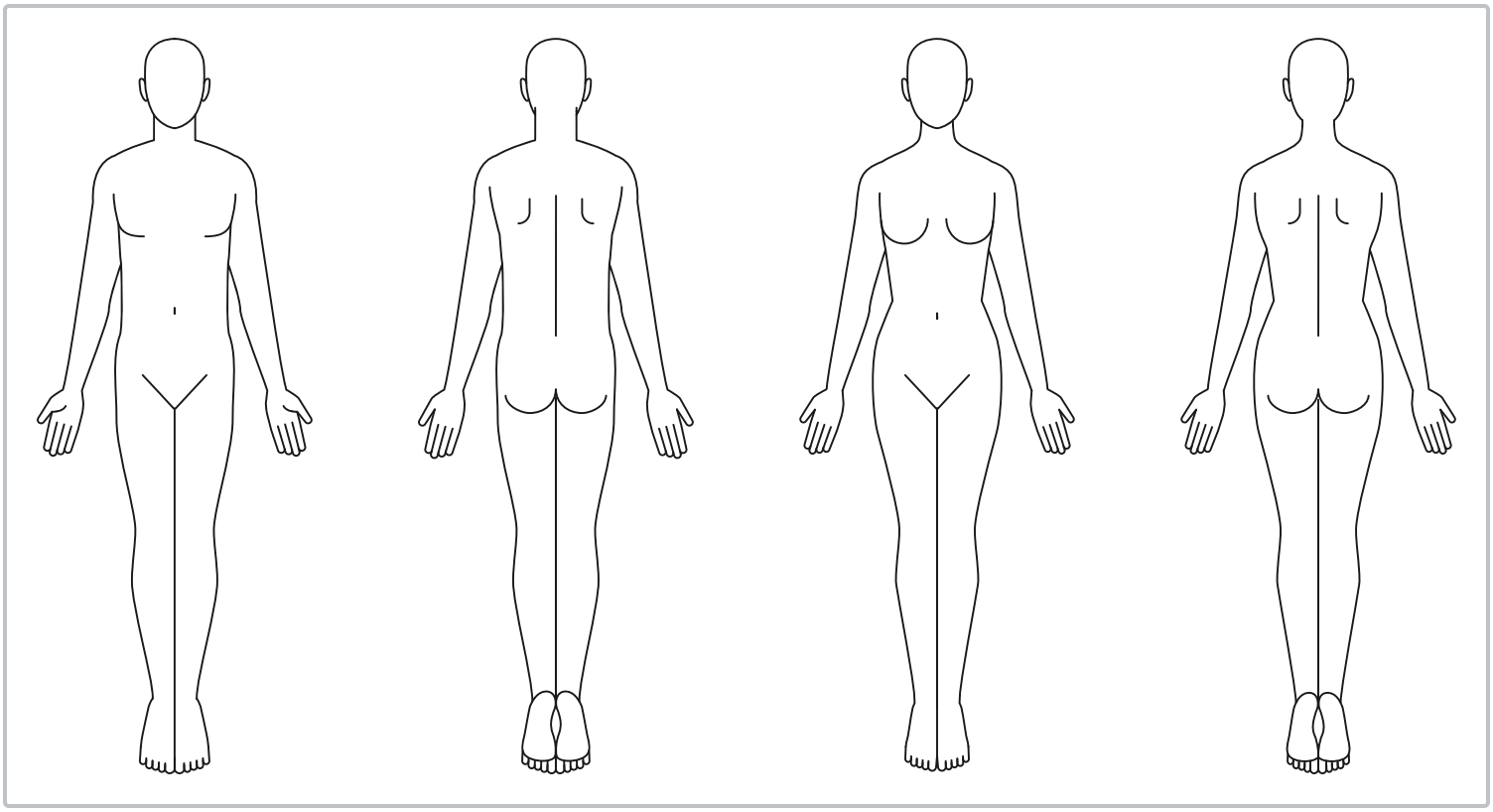
Ideas on preference for the frequency of visits (once a week, twice a week, etc.) *

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.) *

Anything else to add? *

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

Mark the areas on the image where you are experiencing symptoms (n/a if not applicable)



Signature *

Click to sign

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Business cell (best number) = 505-358-9946, quick messaging without private data.
505-907-1902, voicemails only/secure line.

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

Submit

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