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AAC • Consultation • Diagnostics • Therapy

Client History Questionnaire

Name of Person completing form:	Relationship to Client:
Date form Completed:	
Client Name:	Date of Birth:
	Sex: M F
Physical Address:	
Mailing Address : (if different)	
Parent or Guardian Name:	
Home Phone Number:	Cell Phone Number:
Email Address:	
Physical Address:	
Mailing Address : (if different)	
Agency or School District Name:	
Physical Address:	
Mailing Address: (if different)	
Contact Person's Name:	Title:
Email address:	Office Phone Number:

Primary Insurance Company: (if applicable)	
Name of Primary Person on Policy:	
Address of Primary Person on Policy (if different than client):	
Policy Number:	Group Number:
Effective Date:	
Secondary Insurance Company: (if applicable)	
Name of Primary Person on Policy:	
Address of Primary Person on Policy (if different than client):	
Policy Number:	Group Number:
Effective Date:	
Medical Diagnosis:	Communication Diagnosis:
Speech, Language, and Hearing Information	
1.Is there a language other than English spoken in the home? Yes No	
If yes, which one?	
Does the client speak the language? Yes No	
Does the client understand the language? Yes No	
Who speaks the language?	
Which language does the client prefer to speak at home?	
2.Has the client ever had a hearing evaluation/screening? Yes No	
If yes, where and when?	
What were the results? (provide evaluation if possible)	

3.Has the client ever had speech and language therapy? Yes No
If so where and when?
4.Does the client currently use an Augmentative Alternative Communication (AAC) device?
If yes, what type of device and for how long has he/she used it?
5. Is the client aware of or frustrated by, any speech and language difficulties? Yes No
6. If yes, what do these frustrations look like?
7.What do you see as the client's most difficult problem at home?
8.What do you see as the client's most difficult problem at school setting?
9. What are your goals for the speech and language evaluation and/or speech and language therapy (if applicable) ?
10. Any additional information: