

**Cornerstone Speech & Language**  
2640 Highway 70, Suite 101B, Manasquan NJ 08736

**INTAKE FORM**  
*For initial speech & language evaluation*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_

How did you hear about Cornerstone Speech? \_\_\_\_\_

**MEDICAL HISTORY**

Has your child had any significant medical issues/illnesses/hospitalizations? If yes, please explain: \_\_\_\_\_

Does your child have a history of stomach problems? \_\_\_\_\_

Does your child have any difficulty eating neatly? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

How many ear infections has your child had? Has your child had tubes in the ears? \_\_\_\_\_

Do your child have any diagnosed disabilities? \_\_\_\_\_

Do your child have any allergies? \_\_\_\_\_

Do your child take any medications? If yes, what medications and for what purpose? \_\_\_\_\_

Does anyone else in the family have a history of speech or language difficulties? \_\_\_\_\_

**REASON FOR THE EVALUATION**

Please explain why you are concerned about your child's speech or language and what you want to find out from an evaluation:

\_\_\_\_\_  
\_\_\_\_\_

Please explain any other concerns you have about your child: \_\_\_\_\_

\_\_\_\_\_

### **SCHOOL PERFORMANCE**

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive extra services at school? \_\_\_\_\_ If so, what specific services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child do academically at school? \_\_\_\_\_

\_\_\_\_\_

How does your child do socially at school? \_\_\_\_\_

\_\_\_\_\_

What subjects are easy for your child? Why? \_\_\_\_\_

\_\_\_\_\_

What subjects are difficult for your child? Why? \_\_\_\_\_

\_\_\_\_\_

What are your concerns about your child's functioning at school? \_\_\_\_\_

\_\_\_\_\_

### **INSURANCE**

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

ID Number on the Insurance Card: \_\_\_\_\_ Group Number: \_\_\_\_\_