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***CLIENT INTAKE FORM***

Each client that comes in the office has an evaluation whether or not a recent diagnostic has been completed (by the school, a speech-language pathologist, a psychologist, or a neuropsychologist). Dr. Fosnot is committed in providing the most comprehensive approach to treating a client. In order to serve you better, please take time to fill out the intake form. Issues of confidentiality prohibit this form from being received through e-mail. **Please mail or fax the form back to the office.** You will be contacted to discuss speech/language issues and set up an appointment.

<b>BACKGROUND INFORMATION</b>		
Name:		
Street Address:		
City:		
State:	ZIP Code:	Country:
Home Phone: (    )		Cell Phone: (    )
Physician:		Developmental Pediatrician:

<b>CHILD INFORMATION</b>		
Child's Name:	Age:	Date of Birth:
Grade:	School:	District:
Special Education Student:    ___(yes)            ___(no)		
Receiving District Services:    ___(yes)            ___(no)		
If you answered "yes" to the services received, please indicate the frequency (e.g.-1x per wk for 20 min.		

___ Adaptive Physical Therapy (APT):	___ time per week	___ length of session
___ Assistive Technology (AT):	___ time per week	___ length of session
___ Deaf & Hard of Hearing (DHH):	___ time per week	___ length of session
___ Language & Speech Therapy (LAS):	___ time per week	___ length of session
___ Occupational Therapy (OT):	___ time per week	___ length of session
___ Physical Therapy (PT):	___ time per week	___ length of session
___ Vision Therapy (VT):	___ time per week	___ length of session

<b>HISTORY OF LANGUAGE &amp; SPEECH PROBLEM</b>	
Describe child's speech/language problem as it appears to you:	
Describe parents'/relatives'/friends' reactions to child's problem.	
Have there been private speech, language, and/or communication skills assessment?	
If yes, who gave the assessment?	Date of Assessment?
Is there a current IEP?	Date of the most current IEP:
Does your child show signs of concern/embarrassment about talking (cries; refuses to talk; can't say certain words; gets red in the face; stamps foot)? If yes, please explain:	
<b>ADDITIONAL INFORMATION</b>	
What are your child's special interests (hobbies, pets, favorite sports or activities, possessions, etc)?	
Please comment or provide additional information that will help us better plan for your evaluation..	

**Please fax this in-take form to our office at (818) 884-9119 and we will call you back to schedule an appointment. Thank you.**