



COMMUNICATION CIRCLES

Intake Form

Child's name _____ Sex: _____

Birthdate: _____ Age: _____

MCO: _____ Medicaid #: _____

Insurance Company: _____

Insured's Name: _____ Insured's DOB: _____

Child's Address: _____

Phone: _____ Cell: _____

Referred by: _____

School: _____ Grade: _____

Pediatrician's name: _____

Address: _____

Fax Number: _____

Father's full name: _____

Mother's full name: _____

Language(s) spoken at home: _____

Statement of the problem (In your own words, what difficulty is your child having with speech, language, or communication?)

When was it first noticed?

If your child is nonverbal, can he or she activate a phone, iPad or tablet with his/her hand: _____

Has your child ever used an AAC (communication) device? If so, what type:
