6422 East Main Street Reynoldsburg, Ohio 43068 Northrup & Associates Speech Pathology Oral Myology

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## ADULT INTAKE

1. How would you characterize your:
Understanding of Spoken Language in conversational form:
Vocabulary understanding:
Vocabulary usage:
Social use of language (i.e. greetings, appropriate topics):
Nonverbal social skills (i.e. reading others and using appropriate facial expression, tone of voice; gestures)
Indicate your comfort level/interactions with:  Peers
Family members
Authority figures
3. What are your interests? How do you spend your down time?

4. What situations are mbeing upset? What helps		g does it take for you to recover from
5. Describe sleep pattern	ns and any mood/attention or m	edication fluctuations.
6. School History – incl	ude academic struggles, highest	grade completed, college attendance
7. What are your primar	y concerns? With what would y	you like the most help?
Client's name		Date
DOB:	Occupation:	
Diagnoses:	Given By:	
When:		
		A AMERICA