

**UW - EAU CLAIRE SPEECH AND LANGUAGE CLINIC (SLC)**  
**NEW CLIENT FORM**

DATE

CLIENT NAME:

D.O.B:

AGE:

PRONOUNS:

CAREGIVER NAME:

LEGAL GUARDIAN OR POA:

PHONE NUMBER:

EMAIL:

PREFERRED METHOD OF CONTACT:

ADDRESS

LANGUAGE(S) SPOKEN IN THE HOME:

IS AN INTERPRETER NEEDED?

YES

NO

UW-EAU CLAIRE AFFILIATED (PLEASE INDICATE FOR PARKING PURPOSES): STUDENT

FACULTY

NOT APPLICABLE

**AREA(S) OF NEED FOR SPEECH/LANGUAGE:**

Speech Sound Production

Understanding Language

Using Language

Social Skills

Stuttering/Fluency

Cognition

Voice

AAC

Reading/Writing

Other (please explain):

PERTINENT MEDICAL HISTORY:

PERTINENT DEVELOPMENTAL HISTORY:

PREVIOUS AND/OR CURRENT THERAPY INCLUDING EVALUATIONS:

**SCHEDULING:****\*\*PLEASE PUT AN "X" IN TIME SLOTS IN WHICH YOU ARE NOT AVAILABLE\*\***

	Monday	Tuesday	Wednesday	Thursday
9:00				
9:30				
10:00				
10:30				
11:00				
11:30				
12:00				
12:30				
1:00				
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4:30				
5:00				
5:30				
6:00				

*Please complete form and email to Lindsay Pohlen ([pohlenla@uwec.edu](mailto:pohlenla@uwec.edu)) or turn into the UWEC Speech and Language Clinic*