

**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 (PHONE CALL/EMAIL):

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

Swallowing

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				
1:30				
2:00				
2:30				
3:00				
3:30				
4:00				
4:30				
5:00				
5:30				
6:00				

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