**Stable Life Concepts**

**Client Intake Packet**

**Addendum:**

**Speech Services**

(This Page Administration Use Only)

This page intentionally left blank.

**What is Speech and Language Pathology?**

Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.

* Speech disorders occur when a person has difficulty producing speech sounds correctly or fluently (e.g., stuttering is a form of disfluency) or has problems with his or her voice or resonance.
* Language disorders occur when a person has trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings (expressive language). Language disorders may be spoken or written and may involve the form (phonology, morphology, syntax), content (semantics), and/or use (pragmatics) of language in functional and socially appropriate ways.
* Social communication disorders occur when a person has trouble with the social use of verbal and nonverbal communication. These disorders may include problems (a) communicating for social purposes (e.g., greeting, commenting, asking questions), (b) talking in different ways to suit the listener and setting, and (c) following rules for conversation and story-telling.
* Cognitive-communication disorders include problems organizing thoughts, paying attention, remembering, planning, and/or problem-solving.
* Swallowing disorders (dysphagia) are feeding and swallowing difficulties.

Additionally, SLPs:

* Provide aural rehabilitation for individuals who are deaf or hard of hearing.
* Provide augmentative and alternative communication (AAC) systems for individuals with severe expressive and/or language comprehension disorders.
* Work with people who don't have speech, language, or swallowing disorders, but want to learn how to communicate more effectively (e.g., work on accent modification or other forms of communication enhancement).

**What is Required to Start SLP Services?**

1. Completed Intake Packet: any other evaluations or reports would be helpful
2. Intake Interview
3. If insurance is involved then pre-authorization is required prior to any evaluation, therapy or other services being provided
4. Assessments completed by Stable Life Concepts and parents
5. Meeting with Clinical Supervisor to discuss treatment goals and program plan
6. Arrangement of therapy schedule

**Required Documentation**

* Qualifying Diagnosis
* Primary Care Manager Referral
* IEP/504 (if applicable)
* Authorization (insurance)

**Insurance Rates of Service**

* Evaluation- $500
* SLP Session- $70
* Copays per policy

Informed Consent for Assessment and Services

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a parent or guardian, give my consent for Stable Life Concepts to provide assessment and speech services to my child, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, in accordance with the ethical guidelines proposed by American Speech-Language-Hearing Association (ASHA). I also understand that I may withdraw my consent and terminate treatment at any time and for any reason.

I understand that any information provided in this intake as well as any information obtained at any point during the interview process or course of treatment, is kept strictly confidential in accordance with HIPAA regulation guidelines and the law.

I understand that Speech-Language Pathologists are bound to strict ethical guidelines of practice and that any issues of concern that may arise throughout the treatment process that are out of the SLP’s area of experience may result in referrals to a more appropriate agency or individual.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOP**

STOP: The rest of this form will be filled out in the intake with the Speech Language Pathologist. Please be sure to bring the entire form with you to your scheduled appointment.

|  |
| --- |
| **Speech Initial Intake Form** |
| Client Name:  |  |
| DOB:  | IEP: Y or N |
| Current School: |
| **Medical** |
| Referring Provider:  |
| Diagnosis:  |
| Allergies: |
| Medications:  |
| **Other Services (please list any other services your child is enrolled in):**  |
|  |

|  |
| --- |
| **Parent/Guardian Behavioral Observances:**  |
| What are their Social Strengths?  |
| What are their Social Deficits? |
| What are their Communication Strengths?  |
| What are their Communications Deficits? |
| What are their Adaptive Skills? |
| Do they have any feeding issues (ex: Texture, Swallow, Drooling): |
| Do they have any history of ear infections? |
| When was their last hearing screen? |
| What Languages are spoken at home? |
| Who does your child make their wants/needs known? |
| Are they able to have a conversation? |

|  |
| --- |
| **Milestones** |
| **At what age did they:**Crawl:\_\_\_\_\_\_\_\_\_ Sit:\_\_\_\_\_\_\_\_\_\_ Stand:\_\_\_\_\_\_\_\_\_\_\_Walk:\_\_\_\_\_\_\_\_\_ Dress Self:\_\_\_\_\_\_\_\_  |
| **At what age were they able to:**Use Sigle word:\_\_\_\_\_\_\_\_\_ Two words:\_\_\_\_\_\_\_\_\_\_\_ Name simple object:\_\_\_\_\_\_Identify Objects:\_\_\_\_\_\_\_\_ Follow One step:\_\_\_\_\_\_\_\_ Ask simple Question:\_\_\_\_\_\_ |

|  |
| --- |
| **Top Three Concerns:** |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| **Desired Days/Times (fill in times below days):**  |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
|  |  |  |  |  |

Other: