



NEW PATIENT INFORMATION FORM

DATE:

PATIENT INFORMATION

Patient Name: _____ Birth Date: ____/____/____ Sex: M F

Parent/Guardian: _____ Relationship to Patient: _____

Street: _____ Daytime Phone: _____

City/State/Zip _____ Mobile Phone: _____

Email Address: _____

Best Contact Method (Please circle): Email or Phone (best days/times _____)

How did you hear about us? _____

INSURANCE INFORMATION (if applicable)

Please provide a photocopy of the front and back of the patient's insurance card at the time of the first visit.

Primary Care Physician: _____ Phone: _____

Address: _____

Insurance: Blue Cross Blue Shield Harvard Pilgrim Healthcare

Other: _____

Patient Identification #: _____

Policy Subscriber: _____ Type of Policy: _____

Subscriber Address: _____

Employer Name: _____ Group or FECA #: _____

Does your health plan require a referral? Y* N

**If yes, please contact your primary care physician and request a referral immediately.*

Co-payments/Payments are kindly requested in the form of cash or personal check at the time of visit.



PATIENT NAME:

DATE:

FINANCIAL RESPONSIBILITY: I understand that I am ultimately financially responsible for all charges provided for therapeutic, evaluation and consultation services.

Signature: _____ Date: _____

Name (printed): _____

HIPPA ACKNOWLEDGMENTS/AUTHORIZATIONS

Notice of Privacy Practices

____ Please initial to indicate you have received and reviewed the Notice of Privacy Practices provided by Lannon E. Twomey, M.S., CCC-SLP.

Records Release

I hereby authorize the release of any necessary information to process insurance claims, including medical and billing information to/from Lannon E. Twomey, M.S., CCC-SLP.

Signature: _____ Date: _____

I hereby authorize Lannon Twomey, M.S., CCC-SLP to contact the following professionals as related to evaluation and treatment. Please provide contact information. You may be asked to complete an **Authorization of Release of Information Form.**

____ Spouse or Family Member _____

____ Teachers _____

____ Specialists (i.e. ENT, Dentists) _____

____ Audiologist/SLP _____

SESSION NOTE TRANSMISSION: Session notes are provided to parents within 48 hours of the therapy appointment. Session notes include patient name, date of birth, visit number/referrals if applicable, a brief summary of therapeutic services as well as recommendations for home practice if appropriate. In the interest of time efficiency, it is recommended session notes be sent to parent/guardian via email.

I consent to the electronic submission of patient session notes by Lannon Twomey, M.S., CCC-SLP. Please complete a **Session Note Transmission Authorization Form.**

Signature: _____ Date: _____



PATIENT NAME:

DATE:

Please use the back of this form for additional space if needed.

BACKGROUND INFORMATION

How would you describe your child's communication?

Please share your concerns about your child's communication.

Is there a language other than English spoken in the home? No Yes _____

Does your child ____speak and/or ____ understand the language?

Which language does the child prefer to speak at home? _____

	NO	YES	DESCRIBE
Does your child have any allergies?	_____	_____	_____
Is dentition normal?	_____	_____	_____
Does your child have difficulty with attention?	_____	_____	_____
Does your child take any medication?	_____	_____	_____
Is your child aware of or frustrated by speech/language difficulties?	_____	_____	_____
Has your child undergone a speech/language/voice evaluation/screening? If so, where/when?	_____	_____	_____
Has your child received speech therapy in the past? If so, where/when?	_____	_____	_____

What was the focus of therapy? _____

Are there academic concerns? Please describe. _____

Please list any family members or friends that are influential to your child.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



MEDICAL HISTORY

Was there anything unusual about the pregnancy or birth? _____

Has your child undergone and surgeries? If Yes, please list: _____

Does your child have a hearing loss? Yes No

Please describe the type and severity.

Does he/she use ____ hearing aids ____ FM System ____ cochlear implants?

What brand of amplification is used? _____

When was the hearing loss identified? _____

When was your child first amplified? _____

Has your child had ear tubes? ____ If so, when? _____

Has your child had ear infections? ____ If so when? _____

Has your child seen an ENT for concerns about his/her voice? Yes No

If so, when? _____

What was the outcome? _____

Has your child experienced laryngitis? Yes No

If so, when and how frequently? _____

Please list any medications your child takes regularly.

DEVELOPMENTAL HISTORY

Please fill in approximate age your child achieved the following developmental milestones.

____ Babbled ____ said first words ____ put two words together

____ walked ____ spoke in short sentences ____ toilet trained

Do you have any concerns about your child's development? *(if yes, describe in detail on back)*



CURRENT SPEECH, LANGUAGE AND HEARING

Does your child...	YES	NO
Frequently hesitate or repeat sounds, words or phrases?	_____	_____
Understand what you are saying?	_____	_____
Retrieve common items upon request?	_____	_____
Follow simple directions?	_____	_____
Correctly answer <i>who, what, where, when, why</i> questions?	_____	_____
Play well with other children.	_____	_____

If necessary, please describe.

Is his/her speech ___ too fast, ___ too slow, ___ choppy?

Is his/her voice ___ too soft, ___ too loud, ___ hoarse, ___ nasal, ___ hyponasal (congested) ___ raspy, ___ breathy, ___ too high pitched, ___ too low pitched, ___ other?

If yes to any please describe. _____

Does your child have an IEP (Individualized Education Plan)? Yes No

If Yes, what is the primary focus of the plan? _____

Child's School Name: _____

Providing copies of the current IEP, previous academic, speech/language evaluations or medical reports support development of a thorough treatment plan.

How would you describe your child's biggest challenge at home/school?

What are your child's personal interests/likes/dislikes?

Additional information/comments you would like to share about your child.