

**UW—EAU CLAIRE CENTER FOR COMMUNICATION DISORDERS (CCD)
NEW CLIENT FORM**

DATE

CLIENT NAME:

D.O.B:

AGE:

PRONOUNS:

PARENT/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: **STUDENT** **FACULTY** **NOT APPLICABLE**

AREA(S) OF NEED FOR SPEECH/LANGUAGE:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Speech Sound/Phonology | <input type="checkbox"/> Understanding language | <input type="checkbox"/> Language use |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Reading/writing | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Voice | <input type="checkbox"/> AAC | <input type="checkbox"/> Other: |

PERTINENT MEDICAL HISTORY:

PERTINENT DEVELOPMENTAL HISTORY:

PREVIOUS AND/OR CURRENT THERAPY:

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 Center for Communication Disorders