

**Communication Station GA  
Chatsworth, GA 30705**

**Child Intake Form**

Patient Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Diagnosis (if known): \_\_\_\_\_  
Parent(s) / Guardians: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other  
Email : \_\_\_\_\_  
Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

*For the following sections please circle your response and fill in blanks as needed.*

Does the patient attend **School** / **Daycare** / **Homeschool** ?

Name of School/Daycare: \_\_\_\_\_

How often do they attend? **Full Time** / **Part Time**

Does the patient have a current IEP? **Yes** / **No**

Does the patient have a current IFSP? **Yes** / **No**

Expiration Dates of IEP/IFSP: \_\_\_\_\_

If the patient has a current IEP or IFSP, what services are they receiving?

**Occupational** / **Speech** / **Special Ed.** / **Other**

If you selected other can you please elaborate?:

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

Does the patient have a recent completed hearing screening? **Yes** / **No**

Expiration Date of hearing screening: \_\_\_\_\_