



11837 Venice Loop NE, Bainbridge Island, WA 98110 • 206.317.6437 • robinmillerseattle@gmail.com • MillersSpeechLanguage.com

Intake Questionnaire

Today's Date:

Identifying Information:

Name:

Date of Birth:

Phone Number:

2nd Phone Number:

Email:

Insurance Carrier:

Group ID:

ID #:

Primary Insured:

Provider Services Phone #:

Background Information:

Please be as complete as possible in your answers.

How can I help you (reason for seeking services)?

Onset and duration of Problem:

Course of problem (i.e. stable, improving, getting worse, varies?)

Medical Diagnoses related to above problem:

Have you received any services for this problem? Please include all rehab-based services in addition to medical treatment.

What is your highest level of education?

Employment? Where and for how long?

What bothers you most about the above issue? What would you like to be able to do that you cannot currently do?

Please provide any reports from other therapists and/or pertinent medical professionals.

Miller SLP requires this form to be completed and sent **before** the date of the initial appointment. You may email this form to: robin@millerslp.com or mail to the address below:

Miller SLP, Inc.
11837 Venice Loop NE
Bainbridge Island, WA 98110

Thank you,

Robin Miller, MA, CCC/SLP