

Speech Therapy Group Intake Form

Joseph B. O'Neal, Jr. Stroke Center

Hello,

My name is Jennifer Ostergren. I am a speech-language pathologist (SLP for short). You can call me Jennifer, Jenn, Dr. O, or Dr. Ostergren (whichever is easiest for you). I teach at California State University, Long Beach (CSULB) and specialize in treating individuals with brain injuries. I am very excited to be offering group, speech therapy sessions. Below is a questionnaire that helps me get to know you. Feel free to have someone assist you in completing this form, if necessary. I can also help you when we meet. I look forward to meeting you and having you join the group.

BACKGROUND INFORMATION

Name: _____

What name should I use in our group sessions: _____

Address: _____

Telephone number: _____

Email address: _____

Date and nature of your brain injury (e.g., stroke, traumatic brain injury, etc.). If you have had more than one injury, please list and explain each one.

Do you have weakness in one side of your body? YES NO

What side and parts of your body are weak?

Primary Language: _____

Additional Language(s): _____

Items You Use for Assistance. *Check all that apply.*

- Glasses **for reading**
- Glasses **for distance**
- Hearing aid
- Wheelchair
- Walker, cane, etc.
- Communication notebook
- Communication computer or device
- Other: _____
- Other: _____

Do you have seizures or other medical conditions I should know about? *Please describe.*

HOBBIES

Tell me about the things you like to do. _____

PERSONALITY

How would you describe your personality? For example, are you.....out-going, shy, funny, serious, caring, crazy, thoughtful, a thinker, etc.

JOB (PAST OR PRESENT)

What did you do (or do you currently do) for a living? _____

LISTENING

How difficult is it for you to **UNDERSTAND WHAT OTHERS ARE SAYING?** *Circle one.*

1	2	3	4	5
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Very Difficult



Very Easy



SPEAKING

How difficult is it for you to **SPEAK?** *Circle one.*

1	2	3	4	5
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Very Difficult



Very Easy



What speaking situations are **MOST DIFFICULT** for you? *Mark all that apply.*

- Talking on the phone
- Conversations with family or friends
- Conversations with strangers
- Discussions about personal business
- Community transactions (bank, pharmacy, travel agent, bus driver, etc.)
- Restaurants
- Doctor/Medical settings
- Work
- Giving directions
- Other: _____
- Other: _____
- Other: _____
- Other: _____

SPEAKING (continued)

What things would you like to talk about? These can be topics you would enjoy talking about during the group, at home, in your community, with your family/friends, and so forth. Mark all that apply.

- Funny stories about your children
- Your adventures as a young child/growing up
- Dating and getting married
- Being in the military
- Your worst jobs
- Your most important job/career
- Moving or traveling
- Hobbies or unique interests List: _____
- Family history/ancestry/genealogy
- Current events
- Sports
- Politics/the economy/the government
- Weather
- Favorite meals/restaurants
- My house/home town/things to fix
- My stroke and/or other medical issues
- Other: _____

READING

How difficult is it for you to **READ**? *Circle one.*

1	2	3	4	5
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Very Difficult



Very Easy



What kinds of materials would you like to READ? *Mark all that apply.*

- Popular Magazines. What Titles: _____
- Daily Newspaper. What Sections: _____
- Personal Letters
- Professional articles or journals
- Fiction Topics: _____
- Nonfiction Topics: _____
- Email
- Other: _____
- Other: _____
- Other: _____
- Other: _____

WRITING

How difficult is it for you to **WRITE**? *Circle one.*

1	2	3	4	5
Very Difficult 			Very Easy 	

What kinds of things would you like to **WRITE**? *Mark all that apply.*

- Lists of things to buy or appointments to remember
- Bills and forms
- Cards
- Short personal letters
- Long letters
- Stories
- Business documents (letters, requests, manuscripts)
- Journals or diary entries
- Email
- Other: _____
- Other: _____
- Other: _____