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Please take a few moments to fill in the following. Please send via email or bring to a session.

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

PARENT(S) NAME(S): \_\_\_\_\_

SIBLING(S) NAMES/AGES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

PARENT EMAIL(S): \_\_\_\_\_

BABYSITTER (S)/NANNY NAME/NUMBER (if attend sessions): \_\_\_\_\_

CURRENT SCHOOL PLACEMENT (days/times): \_\_\_\_\_

TEACHER(S) NAMES: \_\_\_\_\_

PEDIATRICIAN NAME/NUMBER: \_\_\_\_\_

If applicable:

DEVELOPMENTAL PEDIATRICIAN INFO: \_\_\_\_\_

ADDITIONAL THERAPIES RECEIVED (OT, PT, SPEECH, SEIT, PSYCH, PLAY etc) LIST NAMES AND CONTACT INFORMATION:

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AUDIOLOGIST INFO: (date of last evaluation) \_\_\_\_\_

If there are any other doctors, evaluators or providers that you have worked with at any time that should be included in a "recommended" list for parents please include their information.

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