

IDENTIFYING INFORMATION		
Child's Name:		
Date of Birth:	Age:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Mother's Name:		
Father's Name:		
Email Address:		
Siblings:		
Languages Spoken at Home:		
Caretaker's Name:		
SCHOOL INFORMATION		
Child's School:		
Grade/Teacher:		
Telephone:		
Child's Performance:		
Concerns:		

REFERRAL SOURCE

Who referred you to us?

Telephone Number:

Reason:

CONCERNS

What concerns you about your child's speech and/or language?

LAST HEARING TEST

Date:

Location:

Results:

MEDICAL HISTORY

Please list any chronic and/or acute illnesses and dates:

SURGICAL HISTORY

Please list all surgeries, including type, dates, and where the surgery was performed:

MEDICATIONS:

Please list all medications taken by your child and what they are for:

OTHER SERVICES:

Does your child see any other professional or receive any other services (i.e. SLP, OT, PT, Psychologist)? If yes, please provide names, dates and reasons:

What questions would you like answered as a result of today's visit?



DEVELOPMENT HISTORY

Were there any problems before, during or after the pregnancy? If yes, please describe:

Birth Weight:

Type of Delivery: Vaginal C-Section

FEEDING HISTORY

Was your child bottle or breast fed?

Were there any feeding problems (i.e. fussy eater, nasal regurgitation, allergies, etc)?

DEVELOPMENT

When did your baby do the following? *Please give an approximate age*

Say his/her first word:

Put two words together:

Speak in sentences:

Sit up unassisted:

Cruise:

Walk:

Potty Trained:

SOCIAL / EMOTIONAL HISTORY

Please describe your child's personality:

What activities does your child enjoy?