

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?