SPEECH AND LANGUAGE CHILD HISTORY FORM

Date:____

Child's Name:____

Child's Age: ____

Date of Birth:____

Parent's Name:____

Phone: ____

Email:____

Emergency Contact:____(Phone)_________________

Responsible Party's Address:____

Child's Doctor:____(Phone)_________________

Sisters and Brothers in the household:

Name: Age:

____

____

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____

Name of the person completing this form:____

Relationship to child:____

STATEMENT OF THE PROBLEM

Reason for referral/description of concerns:

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____

What skills do you hope your child will gain if therapy is warranted?

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____

Is this the first evaluation for your child? Yes No
If not, who else has seen this child?
Where?____
When?____
Results/Diagnoses____
____

Please explain your child's therapy history (i.e. Occupational Therapy, Physical Therapy, Psychology, etc.).
____
____
____

MEDICAL HISTORY

Were there any problems during pregnancy, birth or delivery? Yes No
If so, please explain:
____
____

Was your child born prematurely? Yes No
If yes, at how many weeks? ____

Is there any history of medical concerns? Yes No
Please describe any medical concerns, injuries, illnesses, or surgeries:
____
____
____

Is there a family history of communication disorders (e.g., speech sounds, language, stuttering)? Yes No
If so, please describe:
____
____

Has hearing been tested? Yes No
Where?____
When?____
Results____

Please list any medications your child is currently taking:

____

____

____

____

SPEECH AND LANGUAGE DEVELOPMENT

Age child began babbling: ______________________

Age child spoke first words: ____________________

Age child used sentences: ______________________

Age child began conversing: _____________________

Is your child's speech understood by others? Yes No

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____

INTEREST INVENTORY

What are your child's interests and favorite activities (characters, movies, toys, sports, etc.)?

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Does your child have any fears (i.e. stuffed animals, loud noises)?

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Does your child receive special help in school? Yes No

If so, please explain: ____

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Is there anything else you wish to add that would help ensure a positive testing experience for your child?

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