



Speech and Language Intake

Contact Information

Child's Name: _____ Date of Birth: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Alternate Number _____
Email address: _____
Would you like to join our mailing list? [] Yes [] No
Form Completed by: _____ Date: _____
Referred by: _____

Medical History

Pregnancy
Medications _____ Illnesses _____
Hospitalizations _____ Alcohol Intake _____
Length of pregnancy _____ Birthweight _____
Pre/Post natal complications (ie. Bedrest, jaundice) _____
Hospitalizations/Surgeries since birth _____

Please check all that apply to your child:

- [] Chronic Ear Infections [] Feeding Difficulties [] Premature
[] Asthma [] Allergies [] Hearing Loss
[] Head Trauma [] Attention Deficits [] Chronic Respiratory Disorder
[] Cerebral Palsy [] Autism/PDD [] Seizures
[] Meningitis [] Genetic Disorder

Please list any medical concerns not listed and/or more information on items checked:

Current Medications (name and dose): _____

Has your child's hearing been assessed? If yes, please provide dates and results

Family history of speech/language difficulties _____

Current Concerns: Please describe any concerns you have about your child's development. List any professionals you have consulted regarding these concerns.

Developmental History

What was the approximate age your child achieved the following milestones:

Motor:

_____ rolling over _____ sitting independently _____ crawling
_____ walking _____ jumping _____ potty trained

Speech and Language

_____ smiling _____ babbling _____ using gestures
_____ first words _____ 2-3 word phrases _____ sentences

Loss of any speech/language skills? _____

Feeding/Oral Motor

My child currently eats/drinks:

- pureed foods table foods fruits/vegetables
- breastfed bottle cup
- uses a straw

Sensory (please check all that apply)

- fussy infant resistance to cuddling/being held difficult to calm
- poor eye contact sleep issues very active
- sensitive to sounds/textures/movement anxiety
- unresponsive to your voice toe walking separation issues
- perseverative

Please describe how your child currently communicates

How much is your child understood by:

Parents _____ % Other family members _____ % Unfamiliar people _____ %

Do you feel that your child understands your directions, questions and/or requests?

Do you believe there was any period of time that your child's development regressed? If yes, please explain.

Has your child had any previous speech and language assessments or therapy? If yes, provide dates and recommendations.

Educational/Social History

Current School: _____ Grade _____

Teacher: _____

Please describe any teacher concerns _____

Special Education services provided? If yes, please explain. Yes No

Please describe any behavioral concerns you or the school may have regarding your child.

Languages spoken at home: _____

Does your child play with children their own age? Yes No

If not, what age children are they most comfortable with? _____

Does your child seek friendships with peers? Yes No

Briefly describe any concerns you may have regarding your child's play skills and/or interactions with other children.

What are your child's interests, hobbies, after school activities?

Please provide any additional information that may be helpful regarding your child:

Family Information

Name

Age

Related difficulties?

Are there any other individuals residing in the home?

Thank you for completing this information. Your responses will help us in providing services for your child.