Client Intake Form

Child's Name ____________________________________ Today's Date: __________________________

Parent (s) or Guardian (s) ____

Cell Phone Number (s) _________________________ ____

Child's Birthdate ______________________________ Child's Age _______________________________

Pediatrician's Name ________________________________ Phone Number ________________________

Pediatrician's Fax number____

What concern brings you to us today? ____

____

When did you first notice there might be a problem? ____

____

Has anyone in your family been diagnosed with a speech or language disorder before? If so, please provide any information you may have. ____

____

____

Has your child been diagnosed with Autism, Down Syndrome, or other developmental or learning disabilities?

____

Was your child quieter than other children as an infant?

____

Did your child babble when he or she was an infant? At what age did he or she start?

____

Did your child use a variety of sounds while babbling? Please provide examples.

____

What were your child's first words? ____

____

At what age did your child say their first words? ____

About how many words do you think your child says?

0-20 21-50 51-100 101-150 151-200 201-300 301-400 401-500

Does your child speak in phrases and sentences? ____

How many words does your child connect in a phrase or sentence?

2-words 3-words 4-words 5-words more than 5 no connected speech

Does your child seem to understand a great deal more words than he or she can say?

____

Does your child have difficulty saying some speech sounds? If so, please list them. ________________

____

Does your child use gestures or pointing instead of speech, all or part of the time? ________________

____

Does your child seem to become frustrated or "shut down' while trying to communicate? ____________

Can you think of any specific cases when this frustration regularly occurs? ________________________

_______________________________ How does your child express his or her frustration? __________

____

How do you react when this happens? ____

____

Has your child ever used a word once and then never used it again? ______________________________

____

Does your child socialize (play and communicate) well with his or her friends and family? ____________

____

Do you or your immediate family have difficulty understanding your child when he or she speaks? ____

____

Do people outside of your family have difficulty understanding your child when he or she speaks? _____

____

When did your child meet the following developmental milestones?

Sat Up______________ Crawled___________ Stood___________ Walked___________

Potty Trained___________ Dressed Self___________ Fed Self___________

Cup Drinking___________

Does your child have a history or ear infections? ____________ If so please provide more information.

____

Does your child have any allergies? ___________ If so please provide more information. _____________

____

Does your child have asthma? ___________ If so please provide more information. __________________

____

Has your child ever had surgery? ___________ If so please provide more information. _______________

____

Does your child have a history of chronic illness? ___________ if so please provide more information.

____

____

Has your child ever been in a serious accident or experienced other serious injury? __________________

If so please provide more information. ____

____

Was pregnancy and deliver of your child normal? ____

____

Has your child ever had a hearing evaluation? ___________ Date _____________ Results _____________

____

Has your child ever had a speech and language evaluation before? ____________ If so please provide more information, and bring any documents you have to the free screening._______________________

____

Has your child ever had speech and language therapy before, either through a state early intervention program, other private therapy, or through school? ____________ If so please provide more information.

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What do you hope for your child to gain from the therapy process?

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