

# SPEECH / LANGUAGE THERAPY CASE HISTORY / INTAKE FORM

## CHILDS INFORMATION

Child's Full Name \_\_\_\_\_

Child's Nickname(s) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Chronological Age \_\_\_\_\_

Adjusted age (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Tel \_\_\_\_\_

## CAREGIVERS INFORMATION

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Cell \_\_\_\_\_

Mother's Work Tel \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Cell \_\_\_\_\_

Father's Work Tel \_\_\_\_\_

Father's Email \_\_\_\_\_

Alt Caregiver's Name \_\_\_\_\_

Alt Caregiver's Cell \_\_\_\_\_

## REFERRAL

Referred By \_\_\_\_\_

Reason for Referral \_\_\_\_\_



Creating Voices  
One Child  
At a Time.

325 Broadway - Suite 403, New York, New York 10007  
tel/fax 347.491.4451 email [chattychildny@gmail.com](mailto:chattychildny@gmail.com)  
[www.chattychild.com](http://www.chattychild.com)

**For Office Use Only:**  
 PRIVATE  DOE  EI  
 SP  OT  BOTH  
 Added to Database  
 Scanned & Filed

**CURRENT STATUS / CONCERNS**

Does your child have a medical diagnosis? If yes, please list.

---

---

What are your present concerns? Please list.

---

---

Have your concerns changed? Please explain.

---

---

Has the problem gotten better, worse or stayed the same in the last year?

---

---

What are your primary concerns with your child's speech, language and/or feeding development?

---

---

**SOCIAL HISTORY**

With whom is the child living?

---

---

Please list names and ages of child's siblings (if applicable)

---

---

Who are the primary caregivers?

---

---

**BIRTH EXPERIENCE**

How was mother's pregnancy experience?

---

---

Any illness during pregnancy? Please list.

---

---

Any medications taken during pregnancy? Please list and explain.

---

---

What medical tests were taken during pregnancy? Please list and explain.

---

---

Any medications taken during pregnancy? Please list and explain.

---

---

Any alcohol or drugs used during pregnancy? \_\_\_\_\_

Length of pregnancy in weeks? \_\_\_\_\_

Duration of labor? \_\_\_\_\_

Type of delivery? \_\_\_\_\_

List any problems during labor and/or delivery:

---

---

Apgar Scores \_\_\_\_\_

Was respiratory supports needed? \_\_\_\_\_

**MEDICAL HISTORY**

List any medications your child is currently taking:

---

---

List any medications your child has taken in the past:

---

---

Any surgeries or medical interventions? If yes, please explain.

---

---

Has your child experienced any of the following, if so please describe:

Ear Infection \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

High Fevers \_\_\_\_\_

Seizures \_\_\_\_\_

Frequent Upper Respiratory Infections \_\_\_\_\_

Pneumonia \_\_\_\_\_

Other illnesses (list) \_\_\_\_\_

Genetic Testing \_\_\_\_\_

Neurological Testing \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Does your child experience regular bowel movements? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

**SPEECH MILESTONES**

**When did your child first:**

Make sounds \_\_\_\_\_

Repeat sounds \_\_\_\_\_

Babble \_\_\_\_\_

Say first words \_\_\_\_\_

What was child's first words \_\_\_\_\_

Put two words together \_\_\_\_\_

Use short phrases \_\_\_\_\_

Use sentences \_\_\_\_\_

Use productive words in vocabulary \_\_\_\_\_

Is your child difficult to understand? \_\_\_\_\_

How does your child communicate his or her needs?

\_\_\_\_\_

Does your child answer questions easily or with difficulty?

\_\_\_\_\_

Does your child follow directives easily or with difficulty?

\_\_\_\_\_

Does your child communicate with gestures, words, or sentences?

\_\_\_\_\_

Do you think your child's vocal quality and pitch is normal or abnormal?  
If abnormal, how so?

\_\_\_\_\_

Describe any speech concerns you may have?

\_\_\_\_\_

\_\_\_\_\_

**MOTOR MILESTONES**

When did your child first:

Sit up \_\_\_\_\_

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Run \_\_\_\_\_

Jump \_\_\_\_\_

What is child's hand preference? \_\_\_\_\_

Describe any fine motor concerns.

\_\_\_\_\_  
\_\_\_\_\_

Describe any gross motor or physical concerns.

\_\_\_\_\_  
\_\_\_\_\_

**SLEEP PATTERNS**

What is child's usual bedtime and rise time? \_\_\_\_\_

Does your child still nap? For how long? \_\_\_\_\_

Any sleep problems? Describe your child's sleep patterns.

\_\_\_\_\_  
\_\_\_\_\_

Is your child irritable? If so, at what times? \_\_\_\_\_

**CHILD'S PERSONALITY**

Describe child's likes:

---

---

Describe child's dislikes:

---

---

What toys does your child enjoy?

---

---

What fears does your child have?

---

---

What does your child find frustrating?

---

---

How is your child disciplined?

---

---

What kinds of things can the child do for him/herself?

Dressing \_\_\_\_\_ Eating \_\_\_\_\_

Bathing \_\_\_\_\_ Other \_\_\_\_\_

Toileting \_\_\_\_\_

**FEEDING AND SWALLOWING**

Please refer to feeding and swallowing intake form.