SPEECH / LANGUAGE THERAPY CASE HISTORY / INTAKE FORM

Chatty Child™

CHILDS INFORMATION

Child's Full Name :

Child's Nickname(s):

Child's Preferred Pronouns:

Child's Date of Birth:

Chronological Age:

Adjusted age (if applicable):

Street Address:

City, State Zip:

Home Tel:

CAREGIVERS INFORMATION

Primary Caregiver 1 Name:

Primary Caregiver 1 Preferred Pronouns:

Primary Caregiver 1 Occupation:

Primary Caregiver 1 Cell:

Primary Caregiver 1 Work Tel:

Primary Caregiver 1 Email:

Primary Caregiver 2 Name:

Primary Caregiver 2 Preferred Pronouns:

Primary Caregiver 2 Occupation:

Primary Caregiver 2 Cell:

Primary Caregiver 2 Tel:

Primary Caregiver 2 Email

creating possibilities ...one child at a time
Chatty Child™

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

Alt Caregiver's Name

Alt Caregiver's Cell

REFERRAL

Referred By

Reason for Referral

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 the birth parent'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 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 their 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 _____

Does your child have a 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 themselves?

Dressing _____ Eating _____

Bathing _____ Other _____

Toileting _____

FEEDING AND SWALLOWING

Please refer to feeding and swallowing intake form.