

IN-TAKE FORM

Client's Name: _____ DOB: _____ Gender _____

Home Address: _____

Phone/cell number to best reach you: _____

Parents' Names: _____

Parents' Email addresses: _____

Patient's Physician: _____ Physician's Contact #: _____

Physician Address: _____

Name of the Insurance: _____ Policy Holder's name: _____

Date of Birth of the Policy Holder: _____ Social Security of the policy holder: _____

Relationship to the patient: _____

Emergency Contact: _____ Relationship with emergency contact: _____

Emergency contact number(s): _____

Child's School: _____ Grade: _____

If child goes to daycare, how many days does he attend? _____

Does child live with both parents: Y/N _____

How many siblings does the child have? _____ Pleas list their genders and ages:

Does your child play well with siblings? Y/N

What are your child's strengths? _____

What do you like best about your child? _____

What does your child enjoy? _____

Does he have any strong interests? _____

Does your child participate and enjoy in family activities? Y/N

List some activities that you do as family, and he/she enjoys:

Is there any other information about your child that you feel is important for us to know and that you think may have affected your child's language development?

Child's first language: _____

If bi/multilingual - child's secondary language(s): _____

Language child currently proficient in? _____

Language is predominantly spoken at home? _____

What date was your child's last well checkup? _____

Diagnosis/ Past Medical History: _____

Did your child pass his/her hearing screen (done at well checkups)? Y/N. If not, please list details:

Did your child pass his/her vision screen (done at well checkups)? Y/N. If not, please list details:

Has your child been evaluated or received speech therapy before? _____

If yes, when _____

Is your child receiving/has received any other intervention/support services? Y/N. If yes, please list them below:

Please tell us about your primary concern about your child currently:

When did you start noticing this concern?

Has your child's pediatrician expressed any concerns regarding your child's development?

Do you have any concerns regarding child's school and education? Y/N

If yes, please explain:

Is there a history of speech or language problems in the family? Y/N. If so, please list the relationship of the family member and severity of the disorder

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

Medical History:

Did parents have difficulty conceiving the child? Y/N

Were there any complications during pregnancy? Y/N Please list (if any):

Was the pregnancy full term? Y/N If not how many weeks? _____

Were there any complications before, during or after childbirth? Y/N Please list (if any):

Was C-Section required for delivery? Y/N

Child's birth weight: _____

Was child breast-fed? Y/N For how long? _____

Did the child have any difficulty in latching? Y/N

Developmental History:

Please list the approximate age your child did the following:

Started babbling: _____ Said first words: _____

Said 1-2 word phrases: _____ Said sentences: _____

Ate solid foods: _____

Sat unassisted: _____ Crawled: _____ Walked: _____

Toilet trained (bladder): _____ (bowels) _____

Did your child have in the past or currently any feeding problems? Y/N If so, please explain:

Does your child have a history of ear infection(s)? Y/N. If so, please list age(s) infection(s) occurred:

Has your child ever had ear tubes (Pressure Equalization)? Y/N

Which ear and # of sets: _____

Are the tubes currently in ear(s)? Y/N

If yes, please circle the applicable: Left ear/ Right ear/ Both ears

Does your child have a history of surgeries, head injuries, concussions, high fever, or hospitalizations? Y/N

If so, please explain:

Is there any other information we should be aware of before therapist starts working with your child?

Additional comments or concerns:

Completed by: _____

Date: _____

Note: Our office staff will call you to get the insurance policy holder's social security number and a credit card number for our files.