



pediatric speech therapy

Speech and Language Child History Form

Date:
Child's Name:
Child's Age:
Date of Birth:
Parent's Name:
Phone: (Home) (Work)
Email:
Emergency Contact:
Child's Address:
Child's Doctor:
Sisters and Brothers in the household:
Name: Age:

Name of the person completing this form:
Relationship to child:

STATEMENT OF THE PROBLEM:

Reason for referral:

Describe the problem:

6168 Bentridge Dr.
Hurst, TX 76054

370 S. State Hwy 121
Suite 105
Coppell, TX 75019

7217 Hawkins View Dr.
Suite 201
Fort Worth, TX 76132

430 N. Carroll Ave.
Suite 110
Southlake, TX 76092



Is this the first evaluation for your child? Yes No

If not, who else has seen this child?

Who When Outcome

What skills do you hope your child will gain if therapy is warranted?

MEDICAL HISTORY:

Were there any problems during pregnancy, birth or delivery? Yes No

If so, please explain:

Was your child born prematurely? Yes No

If yes, at how many weeks? _____

Is there any history of medical concerns? Yes No

Does your child have any food allergies? Yes No

If yes, what are they? _____

Please describe any medical concerns, injuries, illnesses, or surgeries:

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Has hearing been tested? Yes No

Where? _____

When? _____

Results _____

Please list any medications your child is currently taking:

SPEECH AND LANGUAGE DEVELOPMENT

Age child began babbling: _____

Age child spoke first words: _____

Age child used sentences: _____

Age child began conversing: _____

Is your child's speech understood by others? Yes No

Has your child been evaluated by other professionals (i.e. Occupational Therapy, Physical Therapy, Psychology, etc.)? Yes No

If so, please explain:

INTEREST INVENTORY:

What are your child's interests and favorite activities?

Does your child have any fears (i.e. stuffed animals, loud noises)?

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Does your child receive special help in school? Yes No

If so, please explain: _____

Is there anything else you wish to add that would help insure a positive testing experience for your child?

Thank you very much for your help and for the information you provided in this case history form. If you have questions before your intake or diagnostic appointments, please contact us at (817) 479-7019.

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