

It's More Than Speech
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Child Intake History

The following information will be used confidentially to complete the speech and language evaluation of your child, make any additional recommendations and allows the therapist to understand your child's history.

Today's Date: _____ Client Name: _____

Date of Birth: _____ Age: _____ Male Female

Person Completing form: _____

Address: _____

Phone #1: _____ Cell Home Work Other

Phone #2: _____ Cell Home Work Other

Email: _____

Referring Physician: _____

How did you hear about It's More Than Speech?

Family Background

Parent 1 Name: _____

Occupation: _____

Parent 2 Name: _____

Occupation: _____

Marital Status: Single Married Divorced Separated Widowed

Who does the child live with? Check all that apply:

Birth Parent(s) Adoptive Parent(s) Foster Parent(s)

Grandparent(s) Both Parents Parent 1 Only

Parent 2 Only Other: _____

Does the child have siblings or are there other siblings in the home?

Child 1 Name: _____ Age: ___ Sex: ___ Speech Issues: _____

Child 2 Name: _____ Age: ___ Sex: ___ Speech Issues: _____

Child 3 Name: _____ Age: ___ Sex: ___ Speech Issues: _____

Others: _____

Language(s) are spoken in the home: _____

Who speaks the other language(s)? _____

Describe the child's use/understanding of the language(s): _____

Is there anything additional you would like to share about the family / home environment?

Evaluation

Briefly describe why you're seeking an evaluation by a speech-language pathologist at this time: _____

Has the child had a previous speech, language or feeding evaluation / treatment?
Yes No By whom: _____ When: _____
Describe the results: _____

If you have copies of these, please provide them for review. Thank you!

At what age did you first notice the problem? _____
How do the child's communication difficulties impact the family? _____

Is the child aware of or frustrated by their communication difficulties? _____

Medical History:

Mother's Health During Pregnancy:

1. Were there any infections or illnesses? Yes No
Describe: _____
2. Was there any stress during the pregnancy? Yes No
Describe: _____

Child's Health:

1. How many weeks gestation was the child born? _____ weeks (40 weeks is typical)
2. The child was _____ lbs _____ oz and _____ inches at birth
3. How was the child delivered? Vaginally Cesarean Section
4. Please describe any complications or concerns during labor or delivery:

Check and describe all that apply:

- Adenoidectomy Describe: _____
- Asthma Describe: _____

- Hearing Tested? Describe: _____
- Brain injury Describe: _____
- Breathing problems Describe: _____
- Behavior problems Describe: _____
- Drug/Alcohol Exposed Describe: _____
- Diabetes Describe: _____
- Ear infections Describe: _____
- Ear tubes Describe: _____
- Frequent colds Describe: _____
- High fever Describe: _____
- Seizures Describe: _____
- Sensory issues Describe: _____
- Sleep issues Describe: _____
- Tongue tie Describe: _____
- Vision Issues Describe: _____
- Tonsillectomy Describe: _____
- Allergies Describe: _____
- Other: Describe: _____

Any Diagnoses: _____

Current Medications: _____

Surgical/Medical Treatments: _____

Is the child up to date with immunizations: Yes No
 Please describe: _____

Has the child ever been hospitalized: Yes No
 Please describe: _____

Has the child ever been in a serious accident? Yes No
 Please describe: _____

Does the child currently use any equipment? (communication device, hearing aids, etc.)
 Describe: _____

Is the child currently receiving any of the following services privately or through the school district? If yes, please list the person's name, last date of service and contact information, if available.

- Developmental Pediatrician _____
- Neurologist _____
- PT _____

- OT _____
- SLP _____
- Behavioral Therapist _____
- Educational Consultant _____
- Psychologist / Psychologist _____
- Vision Therapist _____
- Other: _____

Developmental History

At what age did the child do the following:

Sit alone: _____ Crawl: _____ Stood Up: _____ Walk: _____
 First Word: _____ Combined Words: _____ Sentences: _____
 Fed Self: _____ Understood by Others: _____ Toilet Trained: _____

Does the child do any of the following:

- Choke on liquids Choke on foods
- Avoid foods Maintain a special diet
- Use a pacifier / suck thumb Mouth objects

Please describe any of the above: _____

If under 4 years of age, how many words does the child say:

- 0-20 21-50 51-100 101-150 151-300 301-500 501+

Does the child produce sentences of the following length:

- 2 words 3 words 4 words 5+ words

What percentage of the child's speech do you understand? _____%

How well do people outside of the family understand their speech? _____%

If the child is not using words, how do they communicate? _____

Does the child have any difficulty with the following:

- Attention/overly active Tantrums
- Aggression Anger
- Repeats rather than answers questions Answering –wh questions
- Understanding people Following directions
- Excessive drooling Sensitive to noise
- Producing speech sounds Stuttering
- Trouble making/keeping friends School work
- Remembering Maintaining eye contact
- Transition poorly Word Retrieval
- Other difficulties: _____

Please describe any of the above: _____

Educational History

Is the child currently enrolled in daycare/ school: Yes No

What is the name of the program? _____

What day(s) do they attend? _____

What is their grade level: _____

Type of classroom: _____

If they are on an IEP or receive any accommodations, please describe:

Please describe any educational difficulties or learning challenges that this child has faced:

Social History

Describe how the child interacts with parents, siblings, or other family members:

What are the child's strengths? _____

What are the child's weaknesses? _____

What are the child's favorite activities? _____

Does the child participate in any community activities (ex. play groups, sports, etc.)
and how is their communication / behavior? _____

Does the child become easily frustrated with certain activities? If so, please explain:

Describe how the child interacts with other children: _____

What are your goals for the child over the next 6 months? _____

Thank you very much for supplying this information!