

IDENTIFYING INFORMATION

Name: _____ **DOB:** _____

Address: _____

Telephone: (H) _____ **(C)** _____

Name of person completing form: _____

Relationship to child: _____

Caregiver's address (if different from above): _____

Caregiver's telephone: (H) _____ **(C)** _____

Name of additional caregivers/relationships to child: _____

Caregiver's occupation: _____

With whom does the child reside? _____

What language(s) is/are spoken at home? _____

What language does the child speak? _____

If the child is bilingual, which language is dominant? _____

Who referred you to PATA Rehabilitation Specialists? _____

What is the nature of the problem? _____

What do you hope to accomplish by coming to PATA Rehabilitation Specialists?

Number of siblings the child has: _____

Do any of the siblings have a history of speaking/language problems? YES NO

If yes, please explain: _____

How does the child communicate? (Check all that apply)

Gestures Sign Language Sounds/Vocalizations Words Phrases Sentences

How well can the child be understood? (Check all that apply)

Not At All By Familiar People By All Others

Your child is able to understand: (Check all that apply)

Single Words Name Short Directions Multiple Step Directions

Has the patient received any other speech and language services? YES NO

If yes, please explain: _____

Has the child been seen by other specialists? YES NO

If yes, who did the child see, and what were the conclusions or recommendations:

MEDICAL HISTORY

Describe the child's health: Good Fair Poor

Please list any current medications: _____

Does your child have a history of ear infections: YES NO

How many occurrences? _____ At what ages? _____

Describe the treatment: _____

Has the patient had a full audiological examination in the past year? YES NO

If yes, what were the results? _____

EDUCATIONAL INFORMATION

Child's school: _____

School address: _____

School phone: _____ Teacher's name: _____

Placement/grade: _____

Describe the child's performance and behavior in school: _____
_____Does the child have an aide with him/her in school? YES NO

If yes, how long is the aide with the child each day? _____

Does the child have a current IFSP/ IEP? YES NO**DEVELOPMENTAL INFORMATION**Check one of the following: This is my biological foster adopted child.

How many pregnancies has the mother had? _____ Which was this child? _____

Has the mother had miscarriages? _____ Which pregnancy? _____

Stillbirths? _____ Which pregnancy? _____

Mother's age at the time of this pregnancy? _____

Any medical problems before this pregnancy? _____

Did the mother have any of the following during pregnancy? (Check all that apply)

 German Measles Toxemia Anemia Kidney Infection Accidents InjuriesDescribe Accidents/Injuries: _____
_____Did the mother take prescription or nonprescription medications while pregnant? YES NO

If yes, what kinds? _____

Was the pregnancy normal? YES NO

If no, please describe: _____

Child's birth weight? _____ Any birth injuries? _____

Was the child an RH baby? _____ Did the child require oxygen? _____

What special medication or treatment did the child receive at birth if any? _____

Breast or bottle fed? _____ If breast fed, for how long? _____

Did the infant have feeding problems? _____

If yes, please explain: _____

Swallowing difficulties? YES NO If yes, please explain: _____

The child:

- Sat alone at _____ months
- Fed self at _____ months
- Walked alone at _____ months
- Determined handedness _____ (age)

Physical development has been:

Rapid Normal Slow

Please describe any physical difficulties: _____

Coordination is: Good Clumsy

Does the child require assistance with seating or mobility? YES NO

If yes, please explain: _____

Feeding difficulty? YES NO

If yes, please explain: _____

Check these as they apply to the child. Provide ages if possible. Provide additional information on the line if necessary.

- Sleeping problems _____
- Toilet training problems _____
- Difficulty concentrating _____
- Needs a lot of discipline _____
- Interactive _____
- Excitable _____
- Laughs easily _____
- Cries a lot _____
- Difficult to manage _____
- Overactive _____
- Sensitive _____
- Personality problems _____
- Gets along with adults _____
- Emotional _____
- Stays with an activity _____
- Happy _____
- Irritable _____
- Makes friends easily _____
- Plays normally with toys _____

SPEECH AND LANGUAGE HISTORY

Was the child responsive as an infant? (Smile or laugh appropriately) YES NO

If no, please explain: _____

When did the child first make sounds? _____ Provide examples of early sounds:

Did the child begin to babble and then stop? YES NO

When did the child say his/her first words? _____ Provide examples of words:

When did the child first use phrases? _____ Provide examples of phrases:

When did the child first use sentences? _____ Provide examples of sentences:

When were you first concerned about the child's speech or language? _____

What caused the concern? _____

How does the child communicate at this time? Provide examples of his/her present communication:

DAILY BEHAVIOR

Please list some of the child's likes:

Foods: _____

People: _____

Toys: _____

Places: _____

Activities: _____

Other: _____

Please list any of the child's dislikes:

Please list any of his/her achievements that are especially important to him/her or you.

Please list any additional information you feel might be helpful in the evaluation or in the therapy of the child.

Signature

Date