

PATIENT INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Zip: _____ School: _____

Parent/Caregiver's Name: _____ Date of Birth: _____

Occupation: _____ SSN: _____

Phone: (mobile) _____ (work) _____

Email Address: _____

Parent/Caregiver's Name: _____ Date of Birth: _____

Occupation: _____ SSN: _____

Phone: (mobile) _____ (work) _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relationship to patient: _____

Other Children/Adults in Home:

Name	Age	Relationship

Primary home language: _____

Other languages spoken in home: _____

Reason for referral / Primary concern: _____

How did you find us?

Other: _____

Physician Referral Name: _____

Person responsible for payment: _____

HEALTH HISTORY

Person Completing History: _____ Relationship to Patient: _____

Prenatal and Birth History

During this pregnancy and/or delivery, did mother or baby experience any complications? If so, please describe.

Length of pregnancy: _____ Birth Weight: _____

Has your child ever been hospitalized? Yes No *If yes, when and describe:* _____

Has your child had any other significant illnesses, injuries, or surgeries? *If yes, when and describe:*

Child's current medications: _____

Please list any specific food, medicinal, or environmental allergies:

Illnesses	Age	Severity	Developmental Changes
Pneumonia			
Influenza			
Asthma			
Encephalitis			
Meningitis			
Whooping Cough			
Allergies			
High Fever (104+)			
Ear Infections			
Seizures			
COVID-19			

Prior Evaluations

	<u>Date</u>	<u>Results</u>
Speech/Language	_____	_____
Occupational Therapy	_____	_____
Physical Therapy	_____	_____
Hearing	_____	_____
Vision	_____	_____
Neurological	_____	_____
Psychological	_____	_____
Other	_____	_____

Please provide previous evaluation reports from other professionals or provide facility and/or name of evaluator to request records. This information may be helpful in assessing and planning of treatment for your child.

Is there any additional information that will help us to better understand your child?

DEVELOPMENTAL HISTORY

Early Development

At what age did your child begin drinking from a cup? _____

At what age did your child begin eating table foods? _____

Does he/she drool? _____

Are there any previous or current feeding concerns/problems? Please explain:

When did your child walk unaided? _____

Has there been any atypical motor development? _____

Please continue onto Page 4 for additional information.

Activities of Daily Living

	Independent	Needs Help	Comments
Shirt			
Pants			
Socks			
Shoes			
Fasteners (buttons, zippers)			
Shoe Tying			
Toileting/Potty training			
Hair brushing			
Teeth brushing			
Bathing/showering			
Feeding			
Drinking from open cup			
Utensil use (fork, spoon)			

Sensory/Behavior

	Yes	No	Comments
Picky eating			
Bothered by tags			Clothing preference:
Trouble falling or staying asleep			
Tantrums			Frequency:
Meltdowns			Frequency and duration of meltdowns:
Specific behavior triggers?			

Additional Information

Interests and hobbies:

School and Social History

Current school/daycare your child attends: _____ Current grade: _____

How does he/she get along with peers in an academic setting?

What are his/her usual grades?

Has your child ever received any special classroom placement or received remedial help?

Please describe:

Does your child receive any speech, occupational, or physical therapy at school?

How does your child respond to changes in schedule/routine?

Check the appropriate description(s) of your child's personality:

_____ Outgoing _____ Independent _____ Stubborn _____ Anxious _____ Shy
_____ Dependent _____ Easygoing _____ Aggressive
_____ Other: _____

Check the appropriate description(s) of your child's behavior:

_____ Difficult to Manage _____ Noisy _____ Destructive _____ Very Active
_____ Cooperative _____ Quiet _____ Imaginative _____ Talkative _____ Behavior
concerns: _____

Activities outside of school (i.e. sports, clubs):

Caregiver goals for therapy:

Is there any additional information that will help us to better understand your child's communication abilities and/or difficulties?
