



Intake Form & Case History

Patient Name: _____ DOB: ____/____/____ Sex: Male / Female

Address: _____ City/State: _____ Zip: _____

County: _____ Apartment # _____

Apartment Complex: _____ Gate Code: _____

Diagnosis/Reason for requesting services: _____

School/Daycare: _____ Grade/Teacher: _____

Referral Source: _____

Parent/Caregiver Name (1) : _____ Relationship to Child: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Parent/Caregiver Name (2) : _____ Relationship to Child: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Pediatrician/Primary Doc Name: _____ Phone #: _____

Address: _____ City/State: _____ Zip: _____

Fax #: _____

Your child's Diagnosis: _____

Primary Insurance:		
Member ID	Group #	
Claims Address		
city	state	zip
phone#		

Secondary Insurance:		
Member ID	Group #	
Claims Address		
city	state	zip
phone#		

Family Members		
parents	brothers & ages	sister & ages

Please list and describe any family members with a history of a known speech, language, fluency, and/or hearing concern. _____

Is your child bilingual? Yes/No What language(s) are spoken in the home? _____

If so, what is your child's primary language? _____

What is your child's secondary language? _____

REFERRAL QUESTIONS

How did you learn about Advantage Speech Therapy Services? _____

Please describe your child's difficulty with communicating and how it impacts his/her daily activities.

How does your child typically communicate? How does your child express his/her wants and needs?
Check the ones that apply.

- gesture
- sign language
- grunting
- talking (circle: jargon/unintelligible speech, single words, word combinations)
- pointing/pulling

Is your child aware of their difficulty in communicating? Yes/No

If yes, how does it impact him/her? _____

How would you describe your child's ability to speak clearly? _____

Can an unfamiliar listener understand him/her? Yes/No

Does their teacher have trouble understanding him/her? Yes/No

What % do you as the parent understand him/her? _____ Are you: Mom / Dad / Other

At what age did your child stop using the pacifier? _____

At what age did your child stop drinking from a bottle? _____

Has your child been in therapy before? Yes/No Specify the discipline: OT, Speech, PT, ABA or other.

If yes, when and with whom did they see? _____

Does your child receive speech in the school? Yes / No * If yes, do they have an active IEP? Yes/No

What goals did they address? (Examples may include: walking, talking, sensory motor, behavior, language)

DEVELOPMENTAL MILESTONE QUESTIONS/MEDICAL HISTORY

How was the child’s mother’s health during pregnancy? Normal or Abnormal/complications

Any complications during birth? Yes/No.

If yes, describe anything unusual during or immediately following the birth _____

Has your child been hospitalized: Yes / No

If yes, what was reason? _____

Does your child take any medication? Yes/No

Please list medication and reason: _____

Does your child have difficulty eating? _____

How does your child get along with other children and/or siblings? _____

At what age did your child....

Crawl	Babble	Dress Self
Sit	Use first word	Use toilet
Stand	Use 2+ words	Feed Self
Walk		

When was the most recent hearing screening and/or evaluation?

Who conducted the test? _____

What were the results? _____

Did you child ever receive tubes in his/her ears? Yes/No If yes, when? _____

Additional information:

What activities does your child enjoy participating in? _____

What frustrates your child? _____

What are his/her strengths? _____

What are his/her weaknesses? _____

What would you most like to see your child gain from speech therapy? _____

Does your child have any known Food (or other) Allergies: If Yes, please specify: _____

Thank you for taking the time to help us understand your child's family/medical history, and developmental level. This information will us appreciate your child's strengths and weaknesses in order to address specific goals to increase their communication skills!