Patient Intake Questionnaire – Speech

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SPEECH THERAPY

Parent/Caregiver Completing Form: _____ Relationship to Child: _____ Date: _____

Parent/Caregiver Phone Number:_____ Patient/Caregiver Email: _____

Child's Name: _____ DOB: _____ Age: _____ Gender: M F

Referring MD _____ Primary MD (if different) _____

Thank you for taking the time to fill out this form as completely and honestly as possible. Your input plays a very important role in the evaluation process. All the information on this form is confidential and will not be released without your permission.

Social/Language/Educational Information

Family History

Mother's Name: _____DOB: _____ Phone : _____

Father's Name: _____DOB: _____ Phone : _____

If parents do not live together describe custody arrangements:_____

Is this child: ☐ Your Biological Child ☐ Step Child ☐ Adopted Child ☐ Foster Child

Siblings:

Name	Age	M/F	Speech, Hearing, or Medical Conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not your biological child, at what age did he/she come into your home?: _____

Persons living in the home: _____

Language spoken in the home: _____ Languages spoken by your child: _____

Does anyone related to this child have speech, language, learning or physical development problems? ☐ Yes ☐ No
If yes, please describe: _____

Name of school or daycare_____ Hrs/wk? _____ Specialized Program? ☐ Yes ☐ No

Health / Medical History

Pregnancy/Birth History

Did mother have any of the following during the pregnancy?

Bleeding	☐	Swelling	☐	High Blood Pressure	☐
Low Blood Pressure	☐	Heart Condition	☐	RH Negative	☐
Kidney Disease	☐	Alcohol Consumption	☐	Virus Infection	☐
Rubella	☐	Diabetes	☐	Asthma	☐
Convulsions	☐	Anesthesia	☐	Accident	☐
Surgeries	☐	Smoking	☐	Toxemia	☐
X-Ray	☐	Excessive Weight Gain/Loss	☐		

If yes, provide additional information: Which week/month of gestation? Was hospitalization necessary?

Did mother take any medications during the pregnancy? If yes, which medications?

What was the length of pregnancy?_____. What was the length of labor?_____

Type of delivery: Vertex (head presentation) ☐ Breech ☐ Cesarean ☐ Dry ☐ Other

Were there any unusual problems at birth? If so, describe: _____

Has your child had any ear infections? If so, how many? Has your child ever had middle ear tubes placed? ☐ Yes ☐ No

Birth Weight: _____ Apgrar Score at one minute:_____ at five minutes:_____

Were there any health problems during the first two weeks of infant life?

Jaundice	☐	Transfusions	☐	Hemorrhage	☐
Blueness	☐	Feeding Difficulty	☐	Tube Fed	☐
Breathing Difficulty	☐	Oxygen	☐	Convulsion	☐
Incubator or Isolate	☐	For how long: _____			

Does your child have any known allergies:

_____

Has your child seen, or is your child currently seeing, any of the following specialists? *(check all that apply)*

Past	Current		Past	Current		Past	Current	
☐	☐	Occupational Therapist	☐	☐	Ear/Nose/Throat Specialist	☐	☐	Psychologist/ Psychiatrist
☐	☐	Physical Therapist	☐	☐	Audiologist	☐	☐	Neuro Developmental Pediatrician
☐	☐	Speech Therapist	☐	☐	Ophthalmologist			
☐	☐	Other:						

Please explain the reasons your child is seeing a specialist(s):

_____

Communication

Hearing test? ☐ Pass ☐ Fail ☐ Needs Further Assessment **Vision test?** ☐ Pass ☐ Fail ☐ Needs Further Assessment

Did your child have difficulties with feeding after birth? Breast: ☐ Yes ☐ No Bottle: ☐ Yes ☐ No
If yes, please explain:

Does your child currently have any swallowing difficulties/excessive coughing or choking when eating or drinking? ☐ Yes ☐ No
If yes, please explain: _____

Which of the following areas of communication do you feel your child may need speech therapy to improve? *(check all that apply)*

☐ Understanding Language ☐ Expressing Language ☐ Speech sounds ☐ Fluency/Stuttering ☐ Voice ☐ Social communication

When did you first become concerned: _____

Please describe how your child's communication difficulties directly reduce their ability to complete a certain daily activity or task:

_____

Does your child currently: (check all that apply)

- ☐ Follow simple *(check all that apply)*: ☐ 1-step directions ☐ 2-step directions ☐ 3+ step directions
- ☐ Point to/ go to/ reach for/ or otherwise identify people and objects you name?
- ☐ Point to basic body parts you name?
- ☐ Answer simple yes/no questions accurately? Example:
- ☐ Answer simple "wh" questions accurately? (what, where, who, when, why, how) Example:
- ☐ Understand prepositions (such as in, under, on)?
- ☐ Understand color and size words?

Which of the following describes how your child communicates: (check all that apply)

- ☐ Pointing, gesturing, vocalizing
- ☐ _____ Eye contact, facial expressions
- ☐ Babbling
- ☐ Pulls person to desired object
- ☐ Objects/tangible symbols (gives items/symbols to communicate)
- ☐ Pictures
- ☐ Communications boards/books
- ☐ _____ Sign Language
  _____
- ☐ Single words: about how many?
- ☐ Two-word phrases
- ☐ Three or four-word utterances
- ☐ Full sentences with some errors
- ☐ Grammatically correct sentences
- ☐ Writing
- ☐ Communication device: What kind?
- ☐ Other (please specify):

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If your child speaks:

Do you have difficulty understanding his/her speech? ☐ Yes ☐ No ☐ Sometimes

About how much of what he/she says do you understand? ☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ 75% - 100%

Do others have difficulties understanding his/her speech? ☐ Yes ☐ No ☐ Sometimes

About how much of what he/she says do you think they understand? ☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ 75% - 100%

What does your child do when they are not understood? Please explain. *(repeats or modifies the message, gives up, becomes aggressive, etc.)*

_____

Do they repeat words or parts of words when trying to speak? ☐ Yes ☐ No Example:

Do they seem to get stuck and are not able to get a word out? ☐ Yes ☐ No Example:

Does their rate of speech seem to be too fast or too slow? ☐ Fast ☐ Slow ☐ Normal

Do you notice their voice sounds hoarse or cuts in and out when they speak? ☐ Yes ☐ No

Do they speak at a volume (too loud or too quiet) that makes them difficult to understand or causes them to stand out socially? ☐ Yes ☐ No

Do they speak in a pitch that is abnormally high or low compared to what you would expect based on their age/gender? ☐ Yes ☐ No

Caregiver Signature _____ Date _____

Accessible Tx, LLC 477 Windsor St. SW, Suite 206 Atlanta, GA 30312
Phone: 470-289-3699 l Fax: 470-289-3840 l Email: info@accessibletx.com