

**SPEECH / LANGUAGE THERAPY  
CASE HISTORY / INTAKE FORM**

**CHILDS INFORMATION**

Child's Full Name :

Child's Nickname(s):

Child's Preferred

Pronouns:

Child's Date of Birth:

Chronological Age:

Adjusted age (if  
applicable):

Street Address:

City, State Zip:

Home Tel:

**CAREGIVERS INFORMATION**

Primary Caregiver 1  
Name:

Primary Caregiver 1  
Preferred Pronouns:

Primary Caregiver 1  
Occupation:

Primary Caregiver 1  
Cell:

Primary Caregiver 1  
Work Tel:

Primary Caregiver 1  
Email:

Primary Caregiver 2  
Name:

Primary Caregiver 2  
Preferred Pronouns:

Primary Caregiver 2  
Occupation:

Primary Caregiver 2  
Cell:

Primary Caregiver 2  
Tel:

Primary Caregiver 2  
Email



Creating Voices  
One Child  
At a Time.

325 Broadway - Suite 403, New York, New York 10007  
tel/fax 347.491.4451 email [chattychildny@gmail.com](mailto:chattychildny@gmail.com)  
[www.chattychild.com](http://www.chattychild.com)

**For Office Use Only:**  
 PRIVATE  DOE  EI  
 SP  OT  BOTH  
 Added to Database  
 Scanned & Filed

**Alt Caregiver's Name**

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**Alt Caregiver's Cell**

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**REFERRAL**

**Referred By**

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**Reason for Referral**

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**CURRENT STATUS / CONCERNS**

Does your child have a medical diagnosis? If yes, please list.

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What are your present concerns? Please list.

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Have your concerns changed? Please explain.

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Has the problem gotten better, worse or stayed the same in the last year?

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What are your primary concerns with your child's speech, language and/or feeding development?

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**SOCIAL HISTORY**

With whom is the child living?

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Please list names and ages of child's siblings (if applicable)

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Who are the primary caregivers?

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**BIRTH EXPERIENCE**

How was the birth parent's pregnancy experience?

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Any illness during pregnancy? Please list.

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Any medications taken during pregnancy? Please list and explain.

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What medical tests were taken during pregnancy? Please list and explain.

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Any alcohol or drugs used during pregnancy? \_\_\_\_\_

Length of pregnancy in weeks? \_\_\_\_\_

Duration of labor? \_\_\_\_\_

Type of delivery? \_\_\_\_\_

List any problems during labor and/or delivery:

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Apgar Scores \_\_\_\_\_

Was respiratory supports needed? \_\_\_\_\_

**MEDICAL HISTORY**

List any medications your child is currently taking:

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List any medications your child has taken in the past:

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Any surgeries or medical interventions? If yes, please explain.

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Has your child experienced any of the following, if so please describe:

Ear Infection \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

High Fevers \_\_\_\_\_

Seizures \_\_\_\_\_

Frequent Upper Respiratory Infections \_\_\_\_\_

Pneumonia \_\_\_\_\_

Other illnesses (list) \_\_\_\_\_

Genetic Testing \_\_\_\_\_

Neurological Testing \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Does your child experience regular bowel movements? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

**SPEECH MILESTONES**

**When did your child first:**

Make sounds \_\_\_\_\_

Repeat sounds \_\_\_\_\_

Babble \_\_\_\_\_

Say first words \_\_\_\_\_

What was child's first words \_\_\_\_\_

Put two words together \_\_\_\_\_

Use short phrases \_\_\_\_\_

Use sentences \_\_\_\_\_

Use productive words in vocabulary \_\_\_\_\_

Is your child difficult to understand? \_\_\_\_\_

How does your child communicate their needs?

\_\_\_\_\_

Does your child answer questions easily or with difficulty?

\_\_\_\_\_

Does your child follow directives easily or with difficulty?

\_\_\_\_\_

Does your child communicate with gestures, words, or sentences?

\_\_\_\_\_

Do you think your child's vocal quality and pitch is normal or abnormal?  
If abnormal, how so?

\_\_\_\_\_

Describe any speech concerns you may have?

\_\_\_\_\_

\_\_\_\_\_

**MOTOR MILESTONES**

**When did your child first:**

Sit up \_\_\_\_\_

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Run \_\_\_\_\_

Jump \_\_\_\_\_

Does your child have a hand preference? \_\_\_\_\_

Describe any fine motor concerns.

\_\_\_\_\_  
\_\_\_\_\_

Describe any gross motor or physical concerns.

\_\_\_\_\_  
\_\_\_\_\_

**SLEEP PATTERNS**

What is child's usual bedtime and rise time? \_\_\_\_\_

Does your child still nap? For how long? \_\_\_\_\_

Any sleep problems? Describe your child's sleep patterns.

\_\_\_\_\_  
\_\_\_\_\_

Is your child irritable? If so, at what times? \_\_\_\_\_

**CHILD'S PERSONALITY**

**Describe child's likes:**

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**Describe child's dislikes:**

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**What toys does your child enjoy?**

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**What fears does your child have?**

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**What does your child find frustrating?**

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**How is your child disciplined?**

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**What kinds of things can the child do for themselves?**

Dressing \_\_\_\_\_ Eating \_\_\_\_\_

Bathing \_\_\_\_\_ Other \_\_\_\_\_

Toileting \_\_\_\_\_

**FEEDING AND SWALLOWING**

Please refer to feeding and swallowing intake form.