KIDMUNICATE PEDIATRIC SPEECH THERAPY	Patient History Form	Patient's Name Patient's Birthdate Patient's School or Daycare

Living Situation

Who does the child lives with? (Check all that apply) This is important because some speech and language issues have been linked to heredity.		
□ Birth parent(s) □ Adoptive parent(s) □ Foster parent(s) □ Grandparent(s)	□ Both parents □ Mother only □ Father only	□ Other (Please explain below)

Names of Parents or Caregivers?	
↑ Name	↑ Relationship

Does the child have siblings? (List all)			
↑ Name	↑ Sex	↑ Age	↑ Hearing / Speech / Developmental Problems

Languages Spoken

Is there another language(s) other than English spoken in the home? □ Yes □ No Which?_____

Who speaks the other language in the home? (Check all that apply)

□ Mom □ Dad □ Siblings □ Uncles / Aunts □ Grandparents

Does the child speak the other language? □ Yes □ No

Does the child understand the other language? □ Yes □ No

Relevant Medical History

Please indicate the child's birth history	
Was there anything unusual about the pregnancy or birth of your child? □ Yes □ No	
If yes, please explain. Include 1) how long the pregnancy was in weeks 2) the birth weight of child, 3) if the child stayed at the hospital and how long the stay was and 4) any developmental issues.	

Has your child had any of the following: (Check all that apply)

□ Adenoidectomy □ Allergies □ Asthma □ Breathing difficulties □ Feeding / swallowing difficulties □ Frequent Colds □ Ear infections □ Mumps □ Scarlet fever □ Encephalitis □ Flu	□ Head Injury □ High fever □ Measles □ Meningitis □ Vision problems Explain _____ _____ □ Tongue tie Surgery? Y or N If Y, when? _____ Where? _____	□ Seizures □ Sinusitis □ Sleeping difficulties □ Thumb sucking □ Tonsillitis □ Tonsillectomy □ Ear tubes When?_____ Dr? _____ □ Other serious injury or surgeries. (Please explain on back)

Is your child currently taking any medication? □ Yes □ No	
Indicate the medications taken and the reasons for it.	

Is your child currently (or recently) seeing another medical specialist? □ Yes □ No (Provide name)	
Developmental Pediatrician	
Neurologist	
Occupational Therapist	
Behavioral Therapist	
Physical Therapist	
School Speech Therapist	
Vision Therapist	

Developmental History

Please provide a history of developmental milestones. Please provide approximate age of your child when they achieved the following milestones.	
_____ Crawl _____ Sat up alone. _____ Stood up alone. _____ Walked. _____ Fed him or herself. _____ Dressed him or herself	_____ Toilet Trained _____ Babbled _____ Single Words _____ Combined Words _____ Spoke in sentences
Does your child do any of the following? (Check all that apply)	
□ Choke on liquids □ Choke on food □ Avoid certain food textures.	□ Put objects in his or her mouth. □ Use a pacifier or suck thumb □ Avoid certain food (Picky eater) □ Maintain a special diet

Speech Language and Hearing History

Do you think that your child has a speech or language problem? □ Yes □ No	
If yes, what is your primary concern?	
Do you think that your child has a hearing problem? □ Yes □ No	
If yes, what is your primary concern?	
Has your child ever had a speech language evaluation or screening? □ Yes □ No	
If yes, when and where?	
What were you told?	
Has your child ever had a speech language therapy? □ Yes □ No	
If yes, when and where?	
What were you told?	
Why are you switching therapists?	

Is your child aware or frustrated by any speech / language difficulties? □ Yes □ No	
Please explain	
What do you see as your child's most difficult problem at home?	
Please explain	
What do you see as your child's most difficult problem at school or daycare?	
Please explain	

Does your child do any of the following? (Check all that apply below) □ Not relevant for current situation		
□ Repeat sounds, words and phases over and over. □ Understand what you are saying.	□ Retrieve or point to common objects upon request. □ Respond correctly to yes or no questions.	□ Respond correctly to who, what, when, where and how questions. □ Follow simple instructions

Does your child currently communicate using…? (Check all that apply) □ Not relevant for current situation		
□ Body Language □ Sign Language □ Sounds (vowels, grunting, babbling, cooing)	□ Single Words □ 2 to 4 word sentences. □ Sentences longer than 4 words.	□ Other (please explain)

Behavioral Characteristics

Please provide insights to your child's behavior.	
□ Typically cooperative. □ Usually willing to try new things. □ Stubborn often □ Avoids eye contact. □ Destructive / Aggressive often. □ Act inappropriately often. □ Struggles with transitions □ Plays well with other children.	□ Is typically an attentive child. □ Plays alone for a reasonable length of time. □ Is easily frustrated. □ Is often restless. □ Is easily distracted / short attention. □ Is often withdrawn. □ Can be self-abusive □ Plays with toys appropriately