



General Information:

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ ZipCode: _____

Does the child live with both parents? _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____ Business Phone _____

Father's Name: _____ Age: _____

Father's Occupation: _____ Business Phone _____

Referred by: _____ Phone: _____

Address: _____

Pediatrician _____ Phone: _____

Address: _____

Family Doctor _____ Phone: _____

Address: _____

Brothers and Sisters(include names and ages):

What languages does the child speak? What is the child's dominant

language? _____



What languages are spoken in the home? What is the dominant language spoken? _____

Information from Pregnancy:

Length of pregnancy: _____

Length of Labor: _____

General Condition at birth: _____

Birth weight: _____ Apgar Score: _____

Type of delivery: head first feet first breech Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth? _____



Medical History:

Diagnosis _____

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma _____ Chicken pox _____ Colds _____

Croup _____ Dizziness _____ Draining ear _____

Ear Infections _____ Encephalitis _____ German measles _____

Headaches _____ High Fever _____ Influenza _____

Mastoiditis _____ Measles _____ Meningitis _____

Mumps _____ Pneumonia _____ Seizures _____

Sinusitis _____ Tinnitus _____ Tonsillitis _____

Other _____

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube

placement etc.)? _____

Describe any major accidents or hospitalizations.



Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Does the child have any dietary concerns/requirements?

Developmental History:

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____

Walk _____ feed Self _____ Dress self _____

Use Toilet _____

Use single words (e.g., no, mom, doggie) _____

Combine words (e.g., me go, daddy shoe) _____

Name simple objects(e.g.,dog, car, tree) _____

Use simple questions (e.g. Where's doggie?) _____

Engage in a conversation _____

Does the child have difficulty walking, running, or participating in other activities which require

small or large muscle coordination?

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Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe

With whom does the child spend most of his or her time?

Describe the child's speech-language problem?

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed? By Whom?



What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Other information not included:



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