PT NORTHWEST

Patient Intake Questionnaire – Speech (Pediatric)

Person Completing Form: _____ Relationship to Child: _____ Date: _____

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

Referring MD _____ Primary MD (if different) _____

How did you hear about our clinic? (Doctor, other patient, advertising…)_____

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

Mother's Name: _____ Age: _____ Father's Name: _____ Age: _____

Occupation: _____ Occupation: _____

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

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

Please list any complications with pregnancy or birth:

Please list all current and past medical diagnoses related to your child's over-all development:

Is your child taking any medications? ❑ Yes ❑ No Please list medication(s), dosage, and why used:

Please list any Allergies and reactions your child has when exposed: (Medication, Food, Latex, Adhesives, etc.) ❑ No 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	❑	❑	Neurologist
❑	❑	Speech Therapist	❑	❑	Ophthalmologist and/or Vision Therapist	❑	❑	Orthopedic Surgeon
❑	❑	Other:						

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

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Communication

When/Where was their most recent hearing test? _____ Vision test? _____

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): _____

Does your child communicate (verbally or non-verbally) to: *(check all that apply)*

- ❑ Ask for wants/needs?
- ❑ Ask questions?
- ❑ Get your attention?
- ❑ Greet people?
- ❑ Ask for help?
- ❑ Share information?
- ❑ Label people, things, or pictures around him/her?

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 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