

New Patient Questionnaire

Client name: _____

Date of Birth: _____

Address: _____

Home phone: _____

Parent-Caregiver Information:

Parent's name: _____

Occupation: _____

Work phone: _____

E-mail: _____

Cell phone: _____

Parent's name: _____

Occupation: _____

Work phone: _____

Cell Phone: _____

E-mail: _____

Sibling's names and ages: _____

Nanny/babysitter name: _____

Languages spoken at home: _____

Medical History

Birth History: _____

Did the mother have any health problems during pregnancy? Yes No

If yes, describe: _____

Where was the child born? _____

Birth weight: _____

Length: _____

Delivery (circle all that apply)

Pre-term Full term Vaginal C-Section

Were there any complications during delivery? Yes No

If yes describe:

Were there any problems with the baby or mother after birth? Yes No

If yes describe:

Referring pediatrician: _____

Phone: _____

Does your child have any chronic illnesses?

Has your child had a serious accident or injury?

Is your child on any medication?

Has your child had any formal audiological or vision testing? _____

If so what are the results?

Has your child had any ear infections? If so how many?

Has your child had a speech and language evaluation or received speech and language therapy? If so when?

SPEECH & LANGUAGE

Please give the approximate age that your child

Smiled _____

Produced sounds _____

Coo/babble _____

First word _____ What was it? _____

How does your child primarily communicate his/her needs?

Single words _____

Sentences _____

Gestures _____

Do you believe that your child understands what is being said to him/her?

Do you understand your child's words? (circle one)

100%

75%

50%

25%

Less than 25%

Additional comments:

What is your primary concern regarding your child's speech and language?

Are there any particular sounds that your child has difficulty producing? If yes, please describe.

Does your child have any swallowing or chewing problems? _____

Does your child gag or drool? _____

Is your child able to feed himself? _____

Does your child drink from a cup? _____

Does your child suck his/her thumb? A pacifier?

Social Interaction/Play

Is your child currently in school/daycare? If so where and how often?

Does your child play with other children?

What is your child's favorite toy/activity?

Does your child use pretend play, i.e. make car noises pretend to give a doll a bottle?

How would you describe your child's personality?

How does he/she handle frustration?

Do you think he/she is more frustrated because of a speech or language difficulty?

Additional comments/concerns:
