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**Oakland Speech and Language, LLC**

**Intake Form**

Today’s Date:

Child’s Name: Child’s DOB:

Mother’s Name: Mother’s Cell:

Father’s Name: Father’s Cell:

Home Address:

What are your concerns with your child’s speech and language skills?

When did you first notice the issue/s?

Does the issue impact your child’s ability to learn at school? If yes, please explain.

Does the issue impact your child socially? If yes, please explain.

Does your child get frustrated when trying to communicate? If yes, please explain.

FAMILY HISTORY

Language/s spoken in the home:

Sibling/s names and ages:

Mother’s occupation:

Father’s occupation

Is there a history of speech-language difficulties in the family (parents or siblings)? If yes, please explain.

PREGNANCY/BIRTH HISTORY

Were there any complications during your pregnancy OR delivery with your child? If yes, please explain.

Was your child full term? Yes If no, at how many weeks was he/she born? \_\_\_\_\_

Was delivery vaginal \_\_\_\_\_ cesarean\_\_\_\_\_\_\_

Did your baby have to spend any time in the NICU following birth?

MEDICAL HISTORY- Please check any of the following that apply

\_\_ Allergies \_\_ Hospitalization \_\_ Epi-pen

\_\_ Asthma \_\_ Surgery \_\_ Stomach aches

\_\_ Headaches \_\_Sensitivity to sound \_\_ Vision difficulties

\_\_ Ear infections (If yes, how many?) \_\_\_ \_\_ Tubes in ear/s

\_\_ Seizures \_\_ Reflux \_\_ Other

FEEDING HISTORY

As a baby, were there any difficulties with sucking/eating? Was baby breast fed\_\_\_\_ or bottle fed \_\_\_\_ or both\_\_\_\_\_\_

Is your child a picky/difficult eater? If yes, please explain.

Does your child ever gag when eating?

DEVELOPMENTAL MOTOR MILESTONES

At approximately what age did your child:

Sit independently:

Crawl:

Walk:

DEVELOPMENTAL SPEECH MILESTONES

At approximately what age did your child:

Babble: Say his/her first word: Put 2 words together:

Does your child use words/

Does your child make errors when making certain sounds?

What percentage of the time can YOU understand what he/she is saying?

What percentage of the time can other people understand what he/she is saying?

Does your child follow directions?

Does your child answer questions?

Can your child tell a short story?

Can your child re-tell an event that happened to him/her?

HEARING

Do you have any concern with your child’s hearing?

Did you child pass his/her newborn hearing screening? Has your child’s hearing been tested since birth?

EDUCATIONAL HISTORY

Does your child attend school? If yes:

What grade is he/she in?

Where does he/she attend school?

How many days per week?

What is his/her teacher’s name?

Did the teacher approach you about your child’s speech/language concerns?

Does school have any other concerns? (Behavior, attention, etc.?)

Does your child receive any services at school? Speech/OT/PT?

THERAPY HISTORY

Has your child ever had a speech-language evaluation? If yes, when and where? What were the results?

Has your child had any previous speech-language therapy? If yes, when and where? What were the results?

Has your child received any other type of evaluation or therapy? If yes, when and where?

BEHAVIOR

Do you have any concern with your child’s behavior? If yes, please explain.

Does your child tantrum more than you expect to be normal?

Do you have any concern with your child’s attention?

Does your child play with toys in a typical way?

What toys does your child like to play with?

Does your child play with other children?

What are your child’s favorite TV shows?

What are his/her strengths?

How would you describe his/her personality?

What does your child like to do in his/her free time?

Please list any additional information about your child that would be helpful for me to know for this speech-language evaluation.