

Erika Phillips

SPEECH LANGUAGE PATHOLOGY

Child Intake Form

Child intake form for ages 0 to 5 years of age

Name of person completing form *

Relationship to the client *

Child's name *

Gender Identity *

Date of Birth *

Age *

Primary Address *

Address Line 1

Address Line 2

City

Province

Postal Code

Country

Parent / Guardian Name(s) *

Phone *

Phone

Email *

Email

Other children at home (name & age) *

If none please add "N/A"

Referred by (e.g. parent/school/doctor)

How did you find me?

What are your speech and language concerns?

Has the child been seen by a speech-language pathologist? *

Yes No

If yes, please describe (when, name of SLP and facility and findings)

Medical History

Does your child have any diagnoses or disorders? *

Yes No

If yes, please describe

Do you have concerns that your child may have symptoms of a specific condition?

Yes No

If yes, please describe

Has the child been seen by other professionals (e.g. Psychologist, Pediatrician, Ear Nose & Throat Specialist, Occupational Therapist, Reading Support, Physiotherapist etc.)

Yes No

If yes, please describe

Has your child had any major illnesses or injuries? *

Yes No

If yes, please describe

Does your child have any allergies? *

Yes No

If yes, please describe

Does your child drool? *

Yes

No

Speech and Language History

What is your child's first language? *

Do they speak any other languages?

When did your child say their first words? *

When did your child combine words to form sentences? *

Is your child able to communicate what they want to say? *

Yes No

How does your child typically communicate (eg. with gestures or words)? *

Give an example of something your child communicated today (either with words or gestures)

If with words, how many words does your child typically put together to form a sentence?

Does your child understand

- Single directions (e.g. point to your nose)?
- 2 step directions (e.g. get your shoes and give them to me)?
- Simple questions (e.g. where's your teddy?)

How well do you understand your child (from 0% to 100)? *

Numbers Only

How well do you other family members understand your child (from 0% to 100)? *

Numbers Only

How well do you other strangers understand your child (from 0% to 100)? *

Are there certain sounds that your child has difficulty pronouncing? *

Yes No

If yes, provide examples

Is your child aware of their difficulties? *

Yes No

What does your child do if they are not understood?

Does your child stutter? (e.g. gets stuck, repeats sounds/words) *

Yes No

If yes, describe (e.g. how long they have been stuttering, family history of stuttering, how it impacts your child)

Hearing

Has your child had ear infections? *

Yes No

If yes, how many & when?

Did your child have tubes? *

Yes No

If yes, when?

Does the child seem to have any difficulty hearing? *

Yes No

If yes, describe

Has your child had a hearing test? *

Yes No

If yes, describe the results and recommendations

Vision

Has your child had a vision test? *

Yes No

If yes, date tested & results

Social History

Does your child enjoy or avoid the company of other children? *

What are your child's interests? What do they like to do? *

What is your child good at? *

Birth History

Were there any problems during the pregnancy/delivery? *

Yes No

Please describe any complications during pregnancy or birth

Was your child born early (premature)? *

Yes No

If yes, how many weeks gestation?

Education

Does your child currently attend school? *

- Yes No

If yes, list school and grade

Has your child's teacher reported any concerns? *

- Yes No Not applicable

Is your child currently receiving any supports at school?

Additional Comments

Please share any other information that you feel is important.