

*Erika Phillips*

SPEECH LANGUAGE PATHOLOGY

# Child Intake Form

Child intake form for ages 6 and up

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

## Speech and Language History

What is your child's first language? \*

Do they speak any other languages?

Do you have any concerns with your child's expressive language use? \*

Yes  No

Please describe (e.g. Leaves out some words and does not use full sentences, is not using verbs correctly, does not ask or answer questions appropriately)

Do you have concerns with your child's receptive language use? \*

Yes  No

Please describe (e.g. Can they follow single step directions (point to your nose), two step or multistep directions (go to the car, get your backpack, and put it on the kitchen table))

**Do you have any concerns with your child's speech sound production? \***

Yes  No

**Please describe (e.g. says "that" as "dat," has a lisp, or difficulties saying /r/)**

**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%)? \***

Numbers only

**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)**

**Has your child ever been told they have a tongue tie? \***

Yes  No

**If yes, please describe (e.g. when was it noticed, was it clipped)**

**Does your child have any oral habits (e.g. thumb or finger sucking, blanket sucking/chewing, lip or tongue sucking)? Or did they used to? \***

Yes  No

**If yes, please describe and if/when it stopped.**

**Has your child's dentist or orthodontist mentioned any concerns? \***

Yes  No

**If yes, please describe.**

**Does your child drool or have excessive saliva? \***

Yes  No

# 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?

Do you have concerns with your child's social language?

Yes  No

If yes, describe

## Birth History

Were there any problems during the pregnancy/delivery? \*

Yes  No

Please describe any complications during pregnancy or birth

## 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

Is your child currently receiving any supports at school?

# Additional Comments

Please share any other information that you feel is important.