Orange County Speech, Language & Learning Center

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BACKGROUND INFORMATION

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

FAMILY INFORMATION

Mother's Name: _____ **Date of Birth:** _____

Father's Name: _____ **Date of Birth:** _____

Number of Siblings: _____ **Age of Siblings:** _____

Is this child: _____ **living with both parents** _____ **living with only one parent**

Primary language at home: _____ **English** _____ **Other (specify)** _____

HEALTH INFORMATION

Primary Physician's Name: _____ **Phone #:** _____

Has your child had any previous speech, language or reading therapy? _____

If yes, where? _____ **When?** _____

Other Therapist's/Doctor's Name: _____ **Phone#:** _____

Were there any complications at birth? If so, please explain: _____

_____

_____

Describe any accidents, illness, surgeries, etc. since birth: _____

_____

_____

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

Is your child on any medication? _____ **If so, what?** _____

Date of last physical examination: _____ **General physical health:** _____

Date of last vision screening: _____ **Results:** _____

Date of last hearing screening: _____ **Results:** _____

DEVELOPMENTAL HISTORY

At what age did your child begin to: **Sit:** _____ **Walk:** _____ **Run:** _____

Speak first word: _____

Start putting words together: _____

Start using sentences: _____

Describe your child's ability to speak: _____

_____

_____

SCHOOL INFORMATION

Name of School: _____ **Location:** _____

Grade currently in: _____ **Grades repeated, if any:** _____

Services presently offered or attending in school: _____

_____

BEHAVIORAL

Describe your attitude toward your child's speech, language, reading or learning problems? _____

_____

_____

Describe your child's attitude toward their speech, language, reading or learning problems? _____

_____

_____

Describe the attitude of others toward your child's speech, language, reading or learning problems? _____

_____

How would you describe your child's behavior at school (shy, defiant, cooperative, etc.)? _____

_____

REASON FOR REFERRAL

Why was your child referred for an evaluation at this time? _____

_____

Who referred you to *Orange County Speech, Language & Learning Center*? _____

_____ _____ _____

Signature of Informant **Relationship to Child** **Date**