NEW CLIENT HISTORY

Date: ______________

Child's Name: _______________________________ Nickname: ________________________

Parents' Names: ____

Address: ____

____

Home Number: ______________________________ Cell: ______________________________

Work Number: ______________________________ E-mail: ______________________________

Birth Date: __________________________________ Age: ______________________________

First Language: _____________________________ Sex: _________male ________female

Who referred you to us? ____

Do you prefer we contact you via phone or email?

____

Please describe your concerns.

____

____

____

____

____

____

____

Medical History and Information

If you would like us to contact your pediatrician or another therapist, please provide names and phone numbers.

____

____

____

____

NEW CLIENT HISTORY

Who is your current pediatrician? ____

Does your child receive speech/language, occupational or physical therapy? ____ Yes ____ No

If so, who does he or she see and how often?

____

____

____

Has your child received a diagnosis from another professional? ____ Yes ____ No

Please list the diagnosis or diagnoses:

____

____

____

____

Does your child have a history of ear infections?

____

If you have had a hearing test, please indicate when, where and the results:____

____

____

Has your child ever had tubes placed in his or her ears?

____

If so, please indicate when and where and whether or not the tubes are still in place:

____

____

____

____

_____

NEW CLIENT HISTORY

Does your child have any allergies? ______ Yes ______ No (If yes, please list below.)

____

____

Current Medications: ____

____

____

Is there any other relevant medical history that we should be aware of?

____

____

____

____

____

Pertinent Birth/Adoption History

Was your child adopted? ___ Yes ____ No

If yes, please provide us with relevant information you may have regarding pregnancy, birth and development:

____

____

____

____

NEW CLIENT HISTORY

____
____
____

Length of pregnancy:
____

Type of birth: _____ head first _____ feet first _____ breech _____Cesarean

Birth weight:
____

General condition of the baby: ____

Is there any other information that you feel is relevant, regarding pregnancy or birth? ____________

____
____
___
____
____
___

Developmental History:

Please enter the **age** at which your child reached the following developmental milestones:

Sat Alone: _______________________ Walked: __________________________

First Word: _____________________ Combined Words: __________________

Used Sentences: __________________ Toilet Trained: _____________________

Did or does your child have difficulty feeding, chewing or swallowing: _____ Yes _ _ _ _ _ No

If yes, please describe:

____

____

____

____

General Information

Please describe your child's:

Ability to follow directions: ____

Ability to focus: ____

Self-esteem: ____

Ability to deal with transitions, new situations and new people:

____

____

Please check the techniques best used with your child to encourage performance or create motivation:

_______ Privileges _______ Food _______ Toys

_______ Social Rewards (e.g., hugs, high fives) _______ Sticker Charts

_ _ _ _ _ _ _ Other:

____

____

School History

Present School: ____

Grade and Type of Classroom (e.g., regular, special education): ___________________________

NEW CLIENT HISTORY

Does your child receive therapy or special instruction at school?

____

If so, what type and how often:

____ Child's strengths in school:

____

____

____

___

Child's weaknesses in school: ____

____

___

____

___

Is your child currently being tutored? _______ no _______ yes (If yes, please tell how often and in what subjects.) ____

____

___

Recent Testing

Please describe any speech and language, hearing, vision, psychological or educational evaluations including dates and results, if available.

____

____

____

____

___

____

___

NEW CLIENT HISTORY

____
___

____
___

Additional Information

Current After-school Activities: ____

____
___

____
___

____
___

Anything else you think we should know about your child: ________________________________

____ __ __

____

____

____

____

____