L.L. SCHENDEL
SPEECH & HEARING CLINIC
COMMUNICATION SCIENCE & DISORDERS

CHILD HISTORY FORM – SPEECH AND LANGUAGE

The information provided on this form will assist in planning and providing the appropriate services for the child. All information will be a part of the child's record and will be confidential. Information may be stated in the report unless requested that it be kept private.

Date: ____________________

Child's Name: _________________________________ Date of Birth ____________________

Gender: ___Male ___Female ___Other

Mailing address: ____

(City/State/Zip code)

Parent/Guardian Name(s):______________________ ______________________________

Phone Number(s): ____________________________ ______________________________

Email address(s): ____________________________ ______________________________

Primary Care Physician: _______________________Phone number: ________________________

Referred by:____

Emergency Contact:

____

Name Phone # Relationship

____

Name Phone # Relationship

INSURANCE

Check service(s) desired:

___Speech Therapy ___Evaluation

_Speech __Language. __Fluency __Voice. __Other

Does child have Medicare: ___Yes ___No

Does child have Medicaid: ___Yes ___No

Insurance Company:_____________________________ ID Number:_______________________

FSU AFFILIATION: ___Student (TSC, FAMU, FSU) ___FSU Faculty ___FSU Staff ___FSU Alumni

STATEMENT OF THE PROBLEM

Reason for visit

____

____

____

Have you received information from other sources about this (e.g. pediatrician, other professionals, family members)? ___Yes ___No If yes, what have you been told?___________________________

____

____

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Tallahassee, Florida 32306-1200
Telephone: 850.644.2238
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Is this the first evaluation for this problem? __Yes ___No If no, who else has seen the child? When? What were you told?

Who/What Agency	When seen	What outcome
	-	-
	-	-
	-	-

MEDICAL HISTORY

Were there any problems with birth and delivery? ___Yes ___No

IF yes, please explain____

____

____

Does the child have hearing loss? _Yes. ___No If yes, which ear(s): __Right. ___Left

Does the chile currently wear hearing devices? _Yes ___No

If yes, please choose one: ____Cochlear Implant. ____Hearing Aid ___Bone Anchored Hearing Aid

Please describe any medical or physical concerns:

____

____

____

____

Is the child currently prescribed medication? ____Yes. ___No

If yes, please list:____

____

SPEECH AND LANGUAGE DEVELOPMENT

Age child began babbling _______ Age child spoke first words _______

Age child spoke phrases _______ Age child spoke sentences _________

Is child's speech understood by strangers? __Yes __No

Any additional comments: ____

____

____

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INTEREST INVENTORY

What are the child's interests and favorite activities? ____
____

Does the child have any fears (e.g. stuffed animals, loud noises)? ______________________________
____

SCHOOL AND INTEREVENTION HISTORY

Are there any concerns about the child's academic performance? ___Yes. ___No

If yes, please list areas or subjects of concern (e.g. reading, writing, math, etc.)___________________
____

Does the child receive special help in school? ___Yes. ___No If yes, please explain:___________
____
____

Has the child received speech therapy previously? ___Yes. ___No

If yes, where and what were the goals? ____
____

Has the child been evaluated by other professionals (e.g. Occupational Therapy, Physical Therapy, Behavioral Therapy?) __Yes ___No If yes, who and what specialty? ___________________
____

Can the child walk without assistance? __Yes ___No

Is there anything else you wish to add that would help insure a positive testing experience for the child?
___Yes ___No If yes, please explain: ____
____
____

If the child has received special help in school or from other professionals, please bring the reports to the diagnostic evaluation. Please bring a copy of the child's Individualized Education Plan (IEP) from the school. These reports are important to helping us meet the child's needs.

Thank you for the information you provided in this child history form. If you have any questions before your appointment, please call 850-644-2238.

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