



Speech-Language Therapy & Occupational Therapy

31815 Southfield Rd. Suite 15 Beverly Hills, MI 48025

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www.SmallTalkMI.com

Client Intake Form

Today's Date: _____

Child's Name: _____

Birthdate: _____

Male Female

Preferred Nickname: _____

Age: _____

Home Address: _____

Parent/Guardian (1): _____

Relationship: _____

Does child live with parent Yes No

Parent Occupation: _____

Phone Number: _____

Parent/Guardian (2): _____

Relationship: _____

Does child live with parent Yes No

Parent Occupation: _____

Phone Number: _____

Emergency Contacts (other than parents/guardians)

Emergency Contact (1):

Relationship: _____

Phone: _____

Address: _____

Please list the name(s) and age(s) of other children in the family and if they had speech or language intervention?

Name	Age	Speech Intervention Y or N

What brings you to our office today:

Whom may we thank for referring you to our office? _____

Current School: _____ Grade: _____

Is your child having difficulty in school? If so please explain:

What does your child enjoy doing?

Doctor/Physician(s) Information:

Primary Care Physician:

Practice Name: _____

Phone: _____

Doctor's Name: _____

Address: _____

Specialists/Other Physicians (if applicable):

Practice Name: _____

Phone: _____

Doctor's Name: _____

Address: _____

Practice Name: _____

Phone: _____

Doctor's Name: _____

Address: _____

Practice Name: _____

Phone: _____

Doctor's Name: _____

Address: _____

Birth/Medical History

Please describe the mother's general health during pregnancy (illness, accidents, medications, etc.):

This pregnancy, was it Full term P/M _____ # of months

Child's general condition at birth:

Current Health

Please describe your child's health over the past year:

Please describe any illnesses, hospitalizations, surgeries, or other medical issues your child has experienced, including when they occurred.

Has your child completed a hearing evaluation recently? When was it? What were the results?

Has your child been given a medical diagnosis? Yes No

If YES, which diagnosis was given?

Who gave the diagnosis?

Current Medications

Medication:	Dosage:	Reason:

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Does your child have any allergies (meds/food/seasonal, etc.)? Y / N (circle one) If YES, please explain further: _____

Therapeutic History

Has your child *previously* participated in any therapies? What was the frequency, duration, location?

Does your child *currently* participate in any therapies? What is the frequency, duration, location, etc.?

Developmental Milestones

Motor Milestones

Write the approximate age when your child met the following *Motor Milestones*:

Rolling Over:		Sitting Up:		Crawling:	
Standing Up:		Walking:			

Does your child have any motor difficulties (walking, running, using muscle coordination)? Yes No

If YES, please describe:

Communication Milestones

Write the approximate age when your child met the following *Communication Milestones*:

Babbling:		Imitating single words:		Naming simple objects:	
Using 2-word phrases:		Pointing to pictures in a book:		Engaging in conversation:	
Asking questions:					

What are your child's communication difficulties?

Has your child received Speech language evaluation or treatment in the past? If yes, When, where, and what were the goals of therapy?

Is there another language spoken in the home? Yes No If YES, which language is spoken?

Self-Help

Please describe how much assistance your child needs for the following Self-Help tasks:

Dressing:

Using Spoon/Fork:

Toileting:

Washing Hands:

Brushing Teeth:

Brushing Hair:

Bathing:

Feeding

Do you have concerns regarding your child's feeding and/or drinking? Yes No

If YES, what are the feeding concerns you have with your child? When did these issues begin?

Has your child had any previous feeding assessments or studies? If YES, please describe.

Sleep Patterns

Do you have any additional sleeping concerns? _____

Behavior

Do you have any behavioral concerns? _____

Does your child currently participate in any recreational/social activities? (Sports, Music, Gymnastics, etc.)

Please include any other pertinent or additional information you would like to share:

THANK YOU!