



California State University SAN MARCOS

CSUSM SPEECH-LANGUAGE CLINIC CLIENT INTAKE /CASE HISTORY

Child's Name: _____ Date: _____

Name of Informant: _____ Relationship to child: _____

Contact Number: home/work/cell: _____

Physician Name and Telephone Number: _____

REASON FOR REFERRAL

What prompted you to refer your child for a speech and language evaluation?

What concerns do you have with your child's communication?

What kinds of things have you tried to help your child learn to talk?

What outcomes would you like to from participating in speech and language therapy?

Are you willing to incorporate suggested activities into your daily routine to help your child's progress?

PREGNANCY/BIRTH (if additional space is needed – use back side of paper)

Did you carry your child full term? _____ Birth weight = _____

Did you have a natural birth? Or did you have a C-section? _____

Any complications during pregnancy and/or the birthing process? _____

Were you in good health throughout your pregnancy? _____

Were you taking any medications during your pregnancy? _____

How long did mom stay in the hospital? _____
Did mom and child leave the hospital together? _____
Were any follow-up doctor visits required? _____ If so, what for? _____

MEDICAL HISTORY

Has your child ever been hospitalized (illness/surgery)? If so, what was the reason? _____

Has your child had any serious injuries? If so, what were they? _____

Has your child had any major illnesses? _____

Do you consider your child to be healthy now? _____

MEDICATIONS/ALLERGIES

Does your child have any known allergies? _____

Is your child currently taking any medications? _____

Does your child get frequent ear infections? _____

VISION/HEARING

When was the last v/h test your child had? _____ Results? _____

Does your child have tubes? _____

If so, how would you describe your child's hearing before/after the tubes were put in? _____

Is one ear better/worse than the other? _____

Are the tubes still in? _____

FAMILY HISTORY

How many siblings does your child have? (List names and ages and if they are half or step siblings)

Who does your child live with? _____

Does anyone else in the family have the same difficulties that your child has? _____

MILESTONES

At what age did your child produce sounds (coo, babble) ? _____

At what age did your child say his/her first word? _____
At what age did your child start putting two words together? _____
At what age did your child crawl? _____
At what age did your child walk? _____
Is your child potty trained? _____ if yes, at what age? _____

ORAL HYGIENE/FEEDING ISSUES

Does your child visit a dentist? _____
Is your child able to eat foods of varying consistency (thin, thick, chewy, crunchy etc.) without difficulty?
(i.e. Can they eat/drink liquids, yogurt, crackers, applesauce, ice cream, meat etc. without coughing,
spitting, gagging, or choking?)

Does your child feed himself/herself? _____
Does your child experience a loss of liquid from the lips when drinking from a cup? _____
Does your child experience a loss of food when eating from a spoon/fork? _____
Does your child suck his/her thumb? _____
Does your child continue to use a pacifier? _____ How often? _____
Does your child breathe through his/her mouth or nose? _____
Do you have any concerns about how your child's mouth works for speech or eating?

ARTICULATION

Can you understand what your child says? Describe what his/her speech sounds like. (i.e. unintelligible,
garbled, mumbled, soft, broken/incomplete etc.)

Can someone who is not familiar with your child understand him/her? _____

How does your child react when he/she is not understood? _____

What sounds can your child produce? (/p, b, m, d, t, k, g/)? Any other sounds? _____

LANGUAGE

Does your child understand *you* when you talk to him/her?

Does your child follow simple 1-2 step directions? (provide examples)

Does your child use words to name things around the house and/or people? (provide examples)

Approximately how many words is your child using right now? (If under 25 list them)

Does your child use jargon (nonsense words)? Can you understand the content of what your child is saying to you? _____

Does your child put multiple words together when communicating? _____
(Provide examples)

Does your child use inflection in his speech to show that he/she has communicative intent?(i.e. Does the pitch change when your child speaks?) _____

How does your child express his/her wants/needs? (Provide examples)

Does your child use *words* or *gestures* more to communicate? How so?

DAYCARE

Does your child attend a daycare ? _____ Full time ? _____ Part time? _____

If so, does your child behave the same way at daycare as he/she does at home?

Does your child follow a routine well? _____

How much time does your child spend with other children? _____

PRIOR THERAPY-SERVICES

Does your child receive any other therapy at this time? _____

Has your child received ST, OT, PT, music etc. therapy in the past? _____

If so, how beneficial was it for your child? _____

BILINGUAL QUESTIONS (if applicable)

How long has your child lived in the US? _____

What is your child's primary language? _____

What language does your child prefer to speak? _____

Does your child have the same difficulties speaking in both languages? _____

Please explain:

Thank you for taking the time to help me understand your child's family/medical history, and developmental level. This information will help me appreciate your child's strengths and weaknesses in order to address specific goals to increase their communication skills! ☺