

## Medical History

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Illnesses which required Hospitalization (Specify): \_\_\_\_\_

High Fevers       Temperature      Length of Time: \_\_\_\_\_

Ear Infections       Hearing Problems      \_\_\_\_\_

Hearing Tested      Date: \_\_\_\_\_      Where: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Vision Problems (specify) \_\_\_\_\_

Dental Problems (specify) \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

Medication Taken Regularly: \_\_\_\_\_

Family Health Problems: \_\_\_\_\_

### Speech and Language History:

Did your child babble and coo during infancy?       Yes       No

When did your child say his/her first word? \_\_\_\_\_

When did your child begin to use phrases? \_\_\_\_\_

List any speech sounds that you feel your child has difficulty with: \_\_\_\_\_

Do others outside your family understand your child's speech?       Yes       No

Is the child's voice hoarse, breathy, or nasal sounding? (describe) \_\_\_\_\_

Has your child ever had a speech/language evaluation or received  
any speech therapy services?       Yes       No

Date: \_\_\_\_\_      Place: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Is your child self-conscious about his/her speech?       Yes       No

Specify: \_\_\_\_\_

### Behavior:

Does your child have any behavior problems?       Yes       No

If so, is your child:       Easily frustrated       Difficult to discipline

Short attention span

Does your child play well with other children?       Yes       No

What are the ages of your child's playmates? \_\_\_\_\_

Additional comments/concerns: \_\_\_\_\_

Signed: \_\_\_\_\_      Date: \_\_\_\_\_