Sparrow

Medical History and Subjective Information Form

Speech and Language History Form

Please answer the following questions. If you need help filling out this form, we would be happy to assist you.

Patient Name_____ Birth Date: _____ Today's Date: _____

Prenatal/Birth Histories

Pregnancy Complications:

Mother: ☐ No ☐ Yes If yes, describe

_____

_____

Baby: ☐ No ☐ Yes If yes, describe

_____

_____

Labor/Delivery Complications: ☐ No ☐ Yes If yes, describe

_____

_____

☐ Full Term ☐ Premature Gestation Age: _____

Medical History:

Has your child been diagnosed with or experienced injuries, diseases, disorders, and/or disabilities? ☐ No ☐ Yes

_____

_____

Has your child had any surgeries? ☐ No ☐ Yes If yes, describe (What was done and when?)

_____

_____

Specialists:

Is your child being followed by any Specialists?: ☐ No ☐ Yes If yes, please list details:

Specialist	Name	Test and Date Seen
☐ Audiologist/Hearing		
☐ Cardiologist		
☐ Psychologist		
☐ Psychiatrist		
☐ Gastroenterologist		
☐ Nutritionist/Dietician		
☐ Pulmonologist		
☐ Ears Nose and Throat (ENT)		
☐ Neurologist		
☐ Neurosurgeon		
☐ Ophthalmologist		
☐ Neuro-ophthalmologist		
☐ Plastic Surgeon		
☐ Chiropractor		
☐ Developmental Assessment Clinic		
☐ Speech/Language Therapist		
☐ Occupational Therapist		
☐ Physical Therapist		
☐ Other:		
☐ Other:		

What Were The Findings?:_____

_____

Education/Current Services:

Is your child attending school? ☐ No ☐ Yes, If yes please describe (e.g., preschool, general education, and grade, resource classroom, Special education classroom.)_____

_____

_____

Is your child receiving therapy? ☐ No ☐ Yes, If yes please describe:

What: _____

Who: _____

How often: _____

Goals: _____

Where: _____

Developmental Milestones:

Communicative Milestones	Age Acquired	Motor Milestones	Age Acquired
Coo/Babble		Rolling	
First Words		Sitting	
Word Combinations		Crawling	
Understand Words		Walking	
Follow Simple Directions			

Is your child toilet trained? ☐ No ☐ Yes

Communication:

Describe how your child currently communicates (e.g., vocalizes, gestures, signs, words, phrases):

_____

_____

_____

Speech Intelligibility:

What percentage of the time is your child understood by the familiar listener? _____

What percentage of the time is your child understood by the unfamiliar listener? _____

Voice:

Do you have concerns about the quality of your child's voice? ☐ No ☐ Yes, If yes please describe (e.g., hoarse, weak, nasal):_____

_____

_____

Fluency:

Does your child stutter? ☐ No ☐ Yes, If yes please describe: _____

_____

_____

Play and Social Skill Development:

How does your child interact with toys?: _____

_____

_____

Do you have any concerns about your child's behavior or ability to interact with his/her peers? ☐ No ☐ Yes, If yes please describe: _____

_____

_____

Is there additional information that you would like us to know about your child?

☐ No ☐ Yes If yes, describe: _____

_____

_____

_____