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Under the Umbrella: a therapy and learning collective

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Patient History

Background Information

Today's Date: _____

Child's Name _____ Birthdate _____ Age _____

Parent/Guardian Name(s): _____

Address #1: _____ Address #2 (if needed) _____

City: _____ Zip: _____ City: _____ Zip: _____

Home phone number(s): _____ Cell phone number(s): _____

e-mail address(s): _____

Is e-mail a good way to correspond with you? _____

Other family members living in the house with the child and guardian?

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's school: _____ Grade: _____

What feedback have you received from school regarding your child's participation?

Referral Concerns

What are specific concerns you have regarding your child's communication? Describe as clearly as you can any difficulty with speech, hearing, language, voice, behavior.

When did you or other people begin to notice this? How long has it been going on?

Have you had prior communication evaluations? When? What was that outcome?

Have you had any other evaluations to assess your child's abilities and skills? Occupational therapy? Physical therapy? Audiology? Neurologist?

Medical History

Were there any problems during pregnancy or difficulties at birth? _____

Was your child premature? _____

Has your child been hospitalized at any time? _____

History of seizures? _____ Accidents? _____

Other medical conditions? _____ Allergies? _____

Has your child's vision been tested? _____ Results? _____

Does anyone in your family have a history of speech-language delays/disorders or learning disabilities?

Hearing

Did you child pass the newborn hearing screening? _____

Has your child had a more recent hearing test? _____ When? _____ Results? _____

Does your child have frequent colds? _____ Ear infections? _____ Tubes in ear? _____

Developmental History

Explain any difficulties in:

Overall development (rapid, slow, average): _____

Coordination and balance (good, fair, clumsy, awkward, precocious): _____

Self help skills (brushing teeth, dressing, washing): _____

Oral habits (sucking thumb, sucking fingers, drooling, mouth breathing): _____

Eating and drinking (poor bite control, spitting up, choking, inadequate chewing, exceptionally picky about foods):

Handedness: Right ____ Left ____ Undetermined _____

Describe your child's fine motor skills (using scissors, writing, holding a pencil, coloring, using utensils):

Is your child toilet trained? _____ In process? _____

Any challenges with toilet training? _____

Do you think your child is especially sensitive to touch, noise, brushing teeth, lights? _____

Communication History

At what age did your child:

Begin to babble? _____

Use first word? _____

Start putting 2 words together? _____

Use longer sentences? _____

Did your child seem especially quiet as a baby? _____

How does your child typically let you know what he/she wants? (circle any that apply)

Cries, points to what she wants, uses gestures makes a few sounds, uses single words,
uses short sentences, uses longer sentences.

Other techniques to get his/her needs met: _____

Does your child:

Turn to look when you call his/her name? _____

Answer or respond verbally? _____

Talk about what s/he is doing? what s/he sees? _____

Tell you about his/her day? _____

Tell stories about real and imaginary things? _____

Ask for help? _____

Does your child understand a few words _____

many words and phrases _____

simple directions _____

almost everything I say _____

Does this seem age appropriate to you? _____

How much do you understand of what your child says? _____

How much do others understand? _____

How does your child react when others do not understand? _____

Does your child's speech/communication seem to be improving? _____

What has been helping? _____

Do you have concerns about stuttering or fluency? _____

Social Skills

How does your child prefer to play? Alone____, with younger children____. with older children____, with age-matched peers_____

What are some of your child's favorite toys/activities? _____

How would you describe your child's personality? Disposition? _____

What does your child like to do? _____

What are your child's strengths? _____

When you and your child have behavior challenges, what kinds of things help the situation?

Anything else you want me to know about your child?