

**Hi-Desert Physical Rehabilitation Group  
Pediatric Speech therapy Questionnaire**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PERSON PROVIDING THIS INFORMATION:** \_\_\_\_\_

Name of Medical provider: \_\_\_\_\_

**MEDICAL HISTORY**

Pregnancy/Delivery illnesses/complications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Diagnoses/Serious illnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any conditions your child currently has or has had in the past:

- |                                 |                              |
|---------------------------------|------------------------------|
| _____ asthma                    | _____ seasonal allergies     |
| _____ frequent ear infections   | _____ tubes in ears          |
| _____ seizures/epilepsy         | _____ diabetes               |
| _____ clumsiness                | _____ head injury            |
| _____ behavior concerns         | _____ learning difficulties  |
| _____ feeding/eating difficulty | _____ social concerns        |
| _____ reflux                    | _____ serious illness (list) |
| _____ other allergies (list)    | _____                        |
| _____                           | _____                        |
| _____                           | _____                        |

List any medications the child is currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the approximate age at which the child did the following:

- |                        |                            |
|------------------------|----------------------------|
| _____ roll over        | _____ sit up               |
| _____ crawl            | _____ walk                 |
| _____ babbled          | _____ first words          |
| _____ drink from a cup | _____ put 2 words together |

Family history of speech/Language difficulties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the child had hearing and vision checked? \_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY**

What is the primary language spoken in the home? \_\_\_\_\_

Any other languages spoken/understood by child? \_\_\_\_\_

Child currently lives where? And with whom? \_\_\_\_\_

Please list the ages of any other children living in the home \_\_\_\_\_

Does the child attend daycare/preschool, and how often? \_\_\_\_\_

Has the child ever had Speech and Language Therapy before? \_\_\_\_\_

**SPEECH/LANGUAGE CONCERNS**

Briefly state your concerns regarding the child's speech and/or language skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the number of words the child uses in his/her speech:

None          Less than 5          6-20          21-50          50-100          100+

Please indicate Y or N to the following items: Does the child...

- play with toys appropriately
  - avoid eye contact
  - recognize familiar objects/people
  - feed him/herself
  - add new words on a regular basis
  - have difficulty chewing or swallowing
  - use words more than gestures to communicate
  - have difficulty in school
  - participate in any special programs at school or in the community
- interact with peers
  - follow simple directions
  - respond to name
  - get easily confused

How much of the child's speech does his/her family understand? \_\_\_\_\_

How much of the child's speech do people outside the family understand? \_\_\_\_\_

Please indicate areas of concern:

- swallow/eating
- speech sounds
- play skills
- reading
- fluency/stutter
- following directions
- social skills
- thinking/reasoning
- hearing
- vocabulary
- processing
- other