



Please complete this form and return it to:
Childhood Language Center
1313 Quarrier St., Suite A
Charleston, WV 25301
Or Fax to 304-756-8695

Date: _____

Client's Name: _____

Birthdate: _____ Age: _____ Gender (circle one): M or F

Parent/Guardian Information: Married _____ Divorced _____ Single _____

Mother's Name (First&Last): _____ Phone: _____ (Home)

_____ (Cell) _____ (Work)

Mother's Address _____

P O Box/Street City State Zip code
County _____

Mother's Occupation/Employer: _____

Father's Name (First&Last): _____ Phone: _____ (Home)

_____ (Cell) _____ (Work)

Father's Address _____

P O Box/Street City State Zip Code
County _____

Father's Occupation/Employer: _____

Child's Pediatrician/Physician: _____ Phone: _____

How did you hear about the Center? _____

Case History filled out by: _____ Relationship to child: _____

In order to enroll as a client at the CLC, it is required that your child have all immunizations for his/her age. Is your child up to date with all immunizations required for his/her age: Yes No

***Mail, e-mail, fax, or bring immunization records for your child to the clinic.**

A physician's order for speech/language/feeding therapy is required for services at the CLC. In order to be seen as quickly as possible, mail, e-mail, fax or bring in an order from your child's physician for speech therapy. You can typically obtain an order by calling your child's doctor and having them fax, mail, or e-mail the order directly to you or the clinic. The fax number and mailing address to the clinic can be found at the top of this page

Describe your overall concerns that you have for your child. Include any diagnosis that your child has received from a doctor or other professional, words he/she has trouble saying or ways that your child has problems communicating. _____

Birth and Medical Information:

Was the child full term? Yes No If not, how many weeks: _____ Birth Weight: _____

Was there anything unusual about the pregnancy or birth? If yes, please include and describe any difficulties or procedures at birth and any special care necessary following delivery (feeding difficulties, incubation, etc.).

Has your child been diagnosed with any of the following (please circle):

- | | | |
|--------------------------|-----------------------------|------------------------|
| ADD/ADHD | Allergies | Apraxia |
| Aspergers/PDD-NOS | Autism | Behavior Disability |
| Cerebral Palsy | Cleft Lip/Palate | Clipped Lingual Frenum |
| Cochlear Implant | Cognitive Impairment | Depression/Anxiety |
| Down Syndrome | Ear Aches (Otitis Media) | Fragile X |
| Frequent Colds/Influenza | Hearing Impairment/Loss | Hearing Aids |
| High Fevers | Hydrocephaly | Meningitis |
| Microcephaly | Muscular Dystrophy | P E Tubes |
| PEG/NG Tube | Poor Vision | Seizures |
| Sinusitis | Swallowing/Feeding Problems | |
| Tonsillectomy | Traumatic Brain Injury | |

Please list any medication your child is currently taking:

Developmental Information

Please list the approximate age at which your child achieved the following milestones:

Sat alone _____ Crawled _____ Walked _____ Toilet Trained _____
Grasped crayon/pencil _____ Babbled _____ Said first word _____ Put 2-3 words together _____

Has your child ever had difficulty with interacting with children same age? Yes No Sometimes

If yes, describe _____

Is your child’s speech understandable to family? Yes No Sometimes
to Others? Yes No Sometimes

Does your child have problems with specific sounds? Yes No Please list: _____

How many words do you think your child uses: _____

Please list some of your child’s most frequently used words and phrases:

Has your child ever received, or is currently receiving, Speech therapy (or any other developmental therapy)? Yes No If yes, Please provide place and brief description of services _____

Hearing screening/evaluation? Yes No If yes, please provide month/year _____
If yes, did your child Pass or Fail

Has your child ever had difficulty with: Sucking? Yes No Chewing? Yes No
Swallowing? Yes No

*If feeding, chewing, and/or swallowing are concerns for your child (increased resistance to specific textures, difficulty chewing/swallowing, limited range of foods that he/she will eat) please complete the separate “Feeding & Swallowing Questionnaire.”

Current Speech-Language

Does your child.... (please answer with Yes, No, or Sometimes)

- Repeat sounds/words/phrases _____
- Understand what you are saying and/or asking _____
- Retrieve/point to common objects upon request (ball, cup shoe) _____
- Follow simple directions (Get your shoes, Shut the door) _____
- Respond correctly to yes/no questions _____
- Respond correctly to who/what/when/where/why questions _____
- Use appropriate eye contact _____

Your child communicates using.... (please check all that apply to your child)

- ____ body language and gestures
- ____ sounds (vowels grunting)
- ____ words (single words such as shoe, doggy, eat, drink)
- ____ 2-4-word sentences
- ____ sentences longer than 4 words
- ____ other _____

Behavioral Characteristics (please check all that apply to your child)

- | | |
|--|--|
| ____ cooperative | ____ restless |
| ____ attentive | ____ poor eye contact |
| ____ willing to try new activities | ____ easily distracted/short attention |
| ____ plays alone for reasonable length of time | ____ destructive/aggressive |
| ____ separation difficulties | ____ withdrawn |
| ____ easily frustrated/impulsive | ____ inappropriate behavior |
| ____ stubborn | ____ self-harming behaviors |

Social Information

Does your child attend school? Yes No If yes, where and what grade?: _____

Belong to any groups/clubs or attend daycare? Yes No

If yes, describe _____

Please give names and ages of your child's siblings: _____

Please describe any other information about your child's personality and behavior. Try to include information that will help us during testing, such as their likes and dislikes.

Please provide days of the week and times of day that you can bring your child to therapy:

If you can bring your child anytime you will most likely get in sooner since after school appointments are in great demand.