

Dexter Speech Therapy

Intake Questionnaire

Patient's Name: _____ Date of Birth: _____

Parent/Guardian (1): _____ Phone Number: _____

Parent/Guardian (2): _____ Phone Number: _____

Email: _____

Home Address: _____

Primary Physician: _____ Phone Number: _____

Please describe your concerns regarding your child's speech and language: _____

When did you first notice these concerns? _____

What would you like to gain from this appointment? _____

Background:

Were there any complications with the pregnancy or your child's birth? Yes No

Has your child had any serious illnesses, injuries, or medical diagnoses? Yes No

Is your child taking any medications at this time? Yes No

Were your child's motor milestones (sitting, crawling, walking) delayed? Yes No

Were your child's communication milestones (babbling, talking) delayed? Yes No

Is there a family history of speech, language, or learning delays/disorders? Yes No

Please check if you have any concerns with your child's:

Hearing Vision Eating

If you have concerns or answered yes to any of these questions, please explain:

What is your child's primary language: English Other: _____

Is there a second language spoken in the home? Yes _____ No

Education:

Not in school Preschool Homeschool Online Other (explain)

Does your child have an Individualized Education Plan (IEP) or 504 Plan? Yes No

If yes, in which area(s) does your child qualify for services:

Communication Social/Emotional Motor Adaptive Cognitive Other

Therapies:

Has your child ever had a speech/language evaluation? Yes No

If yes, when and where? _____

What were the results/recommendations? _____

Did your child receive speech therapy following the assessment? Yes No

If so, what were the goals being worked on? _____

Please bring with you a copy of current or previous evaluations, Individualized Education Plan (IEP), or any other outside records you feel would be helpful.

Is there anything else you would like to share about your child that you would like us to know before the first session.