

# 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.