

35105 Kenai Spur Highway Ste. A • Soldotna, Alaska 99669 • Phone: 907-260-7444 • Fax: 866-829-0999

GENERAL HISTORY

Name:		DOB:		Date:	
Siblings Names and Ages:					
Living Situation – Any recent changes:					
Is your child adopted or in foster care with you? Describe previous home experiences:					
When did you first become concerned about your child’s development? What are your concerns for him/her?					
What do you see as your child’s strengths?					
At what age did your child achieve these milestones?					
Sitting Alone		Crawling		Walking	
Babble		First Word		Combined Words	
Drink from a cup		Chew Solid Food		Spoke in sentences	

MEDICAL HISTORY

Describe if mother had any illnesses or complications during pregnancy or delivery?					
Birth Weight:		Length:		Number of weeks of birth gestation:	
Vision – Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Results:		Corrective Lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing – Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Results:		Ear Infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeding – Describe if your child had any feeding problems as an infant:					
Breastfed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long?		Bottle fed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe if your child had colic or reflux as an infant:					

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Medical conditions/surgery:

Medication(include vitamins, prescriptions, OTC or homeopathic med):

Allergies:

Food Intolerances:

CHILD INFORMATION

Please describe your child's personality:

How do you discipline issues at home?

Does your child have tantrums? Yes No | If "YES" – How often?

Describe how your child handles changes to routine:

Describe your child's eating habits:

Describe your child's sleeping habits/patterns:

Describe your child's toilet training history:

Describe your child's ability for dressing, bathing and grooming:

Language(s) spoken in the home:

How does your child make wants known?

Which sounds do you notice being correctly produced?

How many words does your child use?

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How long are your child's sentences?					
Does your child have any difficulty understanding you? (Describe):					
Does your child have any difficulty following directions? (Describe):					
Are there any speech or hearing problems in the immediate or extended family? (Explain):					
How well is your child understood by: (i.e. what percentage of the time)					
Mom		Dad		Younger siblings	
Older siblings		Extended family		Unfamiliar adults	
Describe what it is like to have a conversation with your child:					
What are your goals for therapy intervention for your child?					