Advanced Therapy Care

Therapy Services for Children & Adults

New Patient Speech & Language Questionnaire

PATIENT INFORMATION			
Patient's Last Name:	**First:**	**Initial:**	**Birthdate:**
Current School:		**Grade:**	**Services at School?** ☐ Yes ☐ No

Are you concerned about your child's communication skills? ☐ Yes ☐ No

Please describe your concerns:

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When did you become concerned about your child's communication?

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Has your child received speech therapy before? ☐ Yes ☐ No

If yes, when and where?

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Has your child had any significant health problems in his or her life? ☐ Yes ☐ No

If yes, please describe:

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Does your child understand you?

- ☐ **Some of the time**
- ☐ **Always**
- ☐ **Never**

Compared to other children, my child….

- ☐ reacts differently to sound, light, or touch.
- ☐ struggles with school-related skills (writing, cutting).
- ☐ struggles with self-care skills (self-feeding, buttons).

Does your child have a history of any of the following? (If yes, please describe)

Condition	Response	Description
Chronic ear infections	☐ Yes ☐ No	
P-E Tubes	☐ Yes ☐ No	
Hearing Loss/Deafness	☐ Yes ☐ No	
Thumb Sucking	☐ Yes ☐ No	
Seizures	☐ Yes ☐ No	
Cleft Palate	☐ Yes ☐ No	
Allergies	☐ Yes ☐ No	
ADD/ADHD	☐ Yes ☐ No	
Tongue Clip	☐ Yes ☐ No	
Hoarse Voice	☐ Yes ☐ No	
Developmental Delays	☐ Yes ☐ No	
Stuttering (Fluency)	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	

Please select one statement that describes your situation the best.

- ☐ **I can understand my child all of the time.**
- ☐ **I can understand my child most of the time (75%).**
- ☐ **I can understand my child some of the time (50%).**
- ☐ **I rarely understand my child (less than 50%).**

Please select one statement that describes your child the best.

- ☐ **My child uses less than 5 words.**
- ☐ **My child uses 5 to 25 words.**
- ☐ **My child uses 25 to 100 words.**
- ☐ **My child uses more than 100 words.**

Please select the most appropriate statement to describe your child.

- ☐ **My child uses single words. (e.g. “milk”)**
- ☐ **My child combines two words. (e.g. “want milk”)**
- ☐ **My child combines 3-4 words in sentences. (“I want milk, mom”)**
- ☐ **I am not able to determine how many words my child is using.**

Describe specific sound errors that you have noticed your child make. (e.g., my child can’t say fish, he says pish)

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Is there anything else that you would like to report in regards to your child and his or her speech production?

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