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25 Mountainview Blvd, Ste 207

Basking Ridge, NJ 07920

908-758-0770

PEDIATRIC SPEECH DIAGNOSTIC QUESTIONNAIRE

Child’s Name Date

Address M/F

Date of Birth

Home Phone

Referred By

Mother’s Full Name Father’s Full Name

Daytime Phone Daytime Phone

Cell Phone Cell Phone

Email Address Email Address

Other Guardian (name & phone)

Parental Status: Married\_\_\_ Divorced\_\_\_ Separated\_\_\_ Widowed\_\_\_ Single\_\_\_

Why are you bringing your child for an evaluation? List your concerns:

At what age did you first notice this problem?

Others in the home (names, ages and relationship, including babysitters):

Languages spoken in the home

Have other members of the family had difficulty in speech, hearing, academic, emotional or medical area? If so, please explain:

Pediatrician

Address

Phone

Parents’ Occupations:

Mother Father

**Prenatal History**

Mother’s previous pregnancies: Miscarriages?

Age of mother at birth of this child:

Illnesses / complications during pregnancy with this child?

Drugs or medications taken during the pregnancy?

**Birth History**

Length of Pregnancy Length of Labor Birth Weight

Medications administered during delivery Delivery via C-Section?

Did baby have anoxia (blue color) or respiratory distress (breathing problems) or jaundice (yellow color)? How long did baby remain in the hospital?

**Birth Complications**

Scars, bruises, deformities on the baby? Difficulties sucking, feeding, or swallowing? Other unusual conditions?

**Medical History**

Has the child had any of the following problems (give dates if possible):

Allergies High Fever

Asthma Mumps

Convulsions (seizures) Persistent sore throats

Feeding or swallowing problems Rubella

Ear infections Meningitis

Frequent colds Sinus infections

Tonsillitis Other diseases

Are immunizations up to date? Reactions?

Does the child take any medications regularly?

If so, list meds and dosages:

Has the child ever been hospitalized? For what condition?

Is the child well-coordinated?

Does the child have problems walking? Running? Climbing?

**Developmental History**

At what age did the child show visual response to the mother / father?

Sit: Crawl Walk become toilet trained feed him / herself

At what age did the child: Babble imitate sounds say first word

Put two words together / phrases use sentences

Does the child understand verbal requests, commands, directions? Does the child use speech to communicate his/her wants/needs?

Other ways of communicating: gesture voice and gesture voice alone

Does your child respond to sounds when the source of the sound is out of sight?

If so, what re the specific sounds?

Does your child distinguish between different sounds (doorbell vs. phone, etc.)

Does your child watch TV excessively loud?

Number of hours spent watching TV:

Does your child have a tendency to “tune in and out” of listening situations?

Does your child enjoy reading books? Is the child left or right handed?

**Social History**

Does your child play with other children? Does he/she prefer to play alone?

Is your child easily managed at home? At school?

How does your child get along with other members of the family?

Describe any problem behaviors

Has your child had any sudden changes in hearing or speech/language behaviors?

What are your child’s favorite activities?

**Educational Information**

What school does your child attend? Grade:

Address of school

Classroom Teacher

List previous schools / programs:

List any problems in school:

Has your child repeated grades? If applicable, how well does your child do in reading? Spelling? Math?

If your child has received special services (resource room, remedial reading, speech/language therapy, special classes, etc.), please answer the following:

Type of Service Date(s) Received Name(s) of Specialist(s)

Has your child ever been examined by any of the following specialists: Ear, Nose and Throat Specialist, Neurologist, Psychologist, Audiologist, Speech/Language Pathologist, Allergist? If so, please list names and approximate dates of treatment:

Do you have any questions you would like answered by this evaluation?

Form completed by:

Relationship to child: