Intake Form for Coastal Myofunctional & Speech Therapy

This questionnaire is an important part of providing your child with the best care possible. Your answers will help in understanding challenges that your child may have. Please answer every question to the best of your ability.

Family Information

Caretaker or parent 1 occupation:

Caretaker or parent 2 occupation if applicable:

Language/s spoken at home:

Siblings' Names & Ages (if applicable):

Are there any family members or relatives who have or had any speech, language, or hearing issues or therapy?

If yes, describe:

Pregnancy, Birth History and Early Development

Is this your biological child?

During pregnancy with this child, did mother have any illnesses?

If yes, list all illnesses that mother had during pregnancy:

Were there any complications during labor?

If there were any complications during labor, explain:

Was the child's birth problematic and was there any stess or trauma?

If the child's birth was problematic, explain:

Type of Delivery:

Was the pregnancy full term?

If pregnancy was not full term, provide gestational age:

What was the child's birth weight?

Did the child have any trouble breathing after birth?

Was the child kept in an incubator?

Was feeding your baby difficult?

If feeding was difficult, please explain:

If breastfed, at what age was the child weaned from breast feeding?

If bottle fed, at what age was the child weaned from bottle?

At what age did the child drink from an open cup (if applicable)?

At what age did your child get rid of the pacifier (if applicable)?

Does your baby/child snore?

Are you concerned with your baby or child's weight loss due to a feeding concern (If applicable)?

Is the child a picky eater? Are there foods that are avoided (if applicable)?

If the child is a picky eater or has a hard time chewing certain foods please explain:

When did the child first learn to crawl?

When did the child first learn to sit alone?

What age did your child walk?

When did the child first learn to dress self?

When did the child first learn to walk independently?

Does the child have any problems with walking, running or throwing a ball?

If yes, describe the problems:

Speech and Language History

Was the child very quiet as a baby?

When did the child start to coo?

When did the child start to babble?

When did the child speak single words (other than “mama” or “dada”)?

What were the child’s first few words?

Approximately how many words did the child have at around 18 months?

When did the child begin to combine two words?

How often does the child use speech consistently to communicate?

How does your child primarily communicate? Explain:

Does the child answer yes/no questions? (E.g. Do you want a banana?)

Does the child point to objects on command? (E.g. Show me the ball.)

Does the child answer simple what questions? (E.g. What is it?)

Does the child get frustrated by his/her difficulty or inability to communicate?

Does the child speak in complete sentences?

How much of your child's speech do you understand?

How much of your child's speech do others understand?

Does the child engage in eye contact when interacting with others?

Does the child greet others?

Does the child take turns when playing or interacting with others?

Does the child initiate conversation?

What toys or activities does the child like to do now?

How quick does the child seem to learn or comprehend when you speak to them? Explain

Does the child struggle with solving everyday problems? Provide an example if possible.

Does the child have difficulty following multi-step directions (e.g. Give the car and throw the ball.)?

Does the child recall or tell about everyday events?

Educational History

Where does the child attend school? Or do you homeschool?

What grade does the child attend? (If applicable)

Has the child had any problems in school or at home with communication, if so explain? (If applicable)

Do you have any concerns about the child's behavior, learning, or social development? If so, explain: (If applicable)

Does the child receive any Special Education Services?

What special services does the child receive? (If applicable)

Has the child have any difficulties making friends?

Describe any behaviors that you feel are a possible concern:

Orofacial Myofunctional Concerns:

Does your child have oral habits such as thumb sucking or sticking fingers in mouth?

If so, can you explain what oral habits your child has:

Has your child ever had a tongue tie, lip tie, or buccal tie? If so, has it been revised?

Does your child have dental issues such as cavities, TMJ, or an under/over bite?

Does your child have childhood sleep apnea?

Is your child a mouth breather or nasal breather at rest and during sleep?

Does your child have an over sensitive gag reflex?

Does your baby spit up or does your baby/child have acid reflex?

Does your child have allergies, if so what are they?

How is your baby/child's hearing? How is your baby/child's vision?

Does your child wear glasses or have hearing aides/cochlear implants?

Does your baby or child cough or choke during mealtimes? Is there swallowing concerns. Is there food or liquid that spills out from their lips?

Can your baby or child drink from a straw?

Is there a vocal pathology, a history of a traumatic brain injury, a neurological disorder, history of cancer/tumor, or a stroke?

If so, please explain:

Does the child clench teeth or grind teeth (If applicable)?

Does the patient's tongue protrude or stick out from the mouth:

Does your child have their tonsils and adenoids?

Has your child had multiple ear infections?

Additional Information

Does your child have sensory concerns such as sensory avoiding or sensory seeking? Please explain if applicable.

Is your child overly hyper at home? Do they have something that makes them feel calm if so?

Has your child ever experienced trauma in the past? If so, please give a brief summary if applicable:

Do you have any sounds that are a concern or any concerns with the use of or the understanding of language/comprehension/grammar? If so, please explain:

Do you have any concerns with stuttering or fluency?

What are the child's favorite toys or movie?

What does the child like to do in his/her spare time?

What are your goals for your child and what do you want to see addressed?

Please sign below indicating that the above information is accurate to the best of your knowledge:*Required

_____

Signature above that the above information is correct.

Printed Name:

_____

Date:_____