talk&play ASSOCIATES

New Patient Speech & Language Questionnaire

PATIENT INFORMATION			
Patient's Last Name:	First:	Middle 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:

_____

_____

_____

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

_____

_____

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

If yes, when and where?

_____

_____

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

If yes, please describe:

_____

_____

_____

Does your child appear to understand you?

☐ Some of the time

☐ Always

☐ Never

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

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

Please select one statement that describes your situation 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. (e.g. “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)

_____

_____

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

_____

_____