

Jennifer Berkey, M.S., CCC  
Speech-Language Pathologist  
Email: JenniferSLP@aol.com Tel: (203) 221-0007

## BACKGROUND INFORMATION

Date: \_\_\_\_\_  
Referred by: \_\_\_\_\_

### PERSONAL/FAMILY DATA

Child's name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Parent's names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Best way to contact: \_\_\_\_\_  
Siblings-names/ages: \_\_\_\_\_  
Parent occupations: \_\_\_\_\_

### CHIEF CONCERN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BIRTH HISTORY

Length of gestation period: \_\_\_\_\_  
Type of delivery: \_\_\_\_\_  
Any difficulties before, during, and/or after birth?