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AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

Certified Member

**Client Information**

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Other children:	Sex	Age	General Health
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Neurologist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's name \_\_\_\_\_ SLP \_\_\_\_\_

School Phone \_\_\_\_\_ SLP phone \_\_\_\_\_

**Insurance Information for PPO Policy Holders Only**

Name of insured \_\_\_\_\_

DOB of insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_

**Reason for referral**

Please explain why you are seeking services for your child

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**Birth and Developmental History**

Age of Parents at child's birth: Mother \_\_\_\_\_ Father \_\_\_\_\_

Is this child adopted? Y N Child's age upon entering your home \_\_\_\_\_

Describe general health during pregnancy \_\_\_\_\_

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Any injuries or illnesses during pregnancy Y N Explain \_\_\_\_\_

Length of pregnancy \_\_\_\_\_ Birth weight \_\_\_\_\_

Type of delivery \_\_\_\_\_

Complications Y N Explain \_\_\_\_\_

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Jaundiced? Y N Blue Baby? Y N Oxygen required at birth? Y N

Seizures? Y N Fever? Y N Meconium Ingestion? Y N

Did the baby cry normally at birth? Y N

Were you able to breast feed at birth? Y N If not, explain \_\_\_\_\_

Weened from breastfeeding/bottle (circle one) feeding at what age? \_\_\_\_\_

Does your child drink from a cup? Y N Does your child use a sippy cup? Y N

Can your child drink from a straw? Y N Does your child drool excessively? Y N

Does your child use a pacifier? Y N How often/when? \_\_\_\_\_

Please indicate the age at which the following were accomplished:

Sat alone \_\_\_\_\_ Crawled \_\_\_\_\_ Stood alone \_\_\_\_\_ Walked alone \_\_\_\_\_

Toilet trained \_\_\_\_\_ Dress self \_\_\_\_\_ Feed self with utensils \_\_\_\_\_

Was child's rate of growth typical as per doctor's charts? Y N

**Medical History**

Please fill out the following:

Tonsillitis	Y	N	Age _____	Severity _____
Whooping Cough	Y	N	Age _____	Severity _____
Pneumonia	Y	N	Age _____	Severity _____
Scarlet Fever	Y	N	Age _____	Severity _____
Tuberculosis	Y	N	Age _____	Severity _____
Chicken Pox	Y	N	Age _____	Severity _____
Earaches	Y	N	Age _____	Severity _____
Ear Infections	Y	N	Age _____	Severity _____
Ear Surgery	Y	N	Age _____	Severity _____
Small Pox	Y	N	Age _____	Severity _____
Influenza	Y	N	Age _____	Severity _____
Diphtheria	Y	N	Age _____	Severity _____
Measles	Y	N	Age _____	Severity _____
Head Injury	Y	N	Age _____	Severity _____
Frequent Colds	Y	N	Age _____	Severity _____
Adenoidectomy	Y	N	Age _____	Severity _____
Tonsillectomy	Y	N	Age _____	Severity _____
Allergies	Y	N	Age _____	Severity _____

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications? \_\_\_\_\_  
\_\_\_\_\_

Has your child had a sleep study? Y N Results? \_\_\_\_\_

**Speech and Language History**

How much did child babble and coo in first 6 months? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age of first word \_\_\_\_\_ Age of using use 2- word phrases \_\_\_\_\_

Age of using full sentences \_\_\_\_\_

How does your child communicate now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your child explain recent events? Y N Can your child retell a story? Y N

Has hearing been tested? Y N Results? \_\_\_\_\_

ENT doctor \_\_\_\_\_

Was your child difficult to understand at age 3? Y N Speech services early? Y N

Other early services? \_\_\_\_\_

Provider? \_\_\_\_\_

Does your child have a current IEP? Y N

Please describe current goals of IEP:

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Best school subject? \_\_\_\_\_ Most difficult? \_\_\_\_\_

Is there any thing else you would like to tell me about your child?

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These forms can be faxed to (562) 597-8747 before your first appointment or you can bring them with you to your scheduled appointment.

Thank you.