



Kelli Murdock Eickelberg, MA, CCC-SLP
Speech-Language Pathologist

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NEW PATIENT INFORMATION

Patient's Name:

Date of Birth:

Gender: Female Male

Parent/Guardian's Names:

Address:

City:

State:

Zip Code:

Phone:

Email:

Primary Care Physician:

Address:

Diagnosis (if known):

Reason for referral:

Referred by:

BACKGROUND INFORMATION

Was your child born: Pre-Term (before 37 weeks)

(circle one)

Term (37-42 weeks)

Post-Term (after 42 weeks)

Complications with Pregnancy?

Complications with Delivery?

Birth weight?

Birth height?

APGAR Scores? 5 min.

10 min.

DEVELOPMENTAL HISTORY

-When did child begin to coo (make sounds in response to your interactions)?

-When did child begin to babble (purposefully play with sounds)?

-When did child begin to use single words?

-When did child begin to string words together?

-Does your child have difficulty with social interactions? Yes No

Please describe:

COMPLETED EVALUATIONS

Speech-Language Pathologist:

Yes No

Date: By Whom:

Results:

Audiologist (Hearing Testing):

Yes No

Date: By Whom:

Results:

Developmental Pediatrician:

Yes No

Date: By Whom:

Results:

Psychologist:

Yes No

Date: By Whom:

Results:

Occupational Therapist:

Yes No

Date: By Whom:

Results:

Physical Therapist:

Yes No

Date: By Whom:

Results:

EDUCATIONAL INFORMATION

-Does child receive early intervention services? Yes No

How Often?

Where?

-Does child attend school? Yes No

Where?

What grade?

-Does child receive special education services in school?

Please describe:

PLAY SKILLS

-Please describe your child's likes and interests.

CURRENT COMMUNICATION MODE

-Please describe how your child currently communicates his/her needs, desires and information with you.

Thank you for taking the time to fill out this information. It will assist me in planning for your child. If you have any questions, please call or email me.

Sincerely,

Kelli

Kelli Murdock Eickelberg, MA, CCC-SLP
Licensed Speech-Language Pathologist