

Core4 Therapy Group Speech-Language Pathology Services

3280 Blazer Parkway, #101

Lexington, Kentucky 40509

859 225-5424

Client Information and Medical History

## Client Name: Date of Birth:

Parent/Guardian: Address: Home Phone: Cell Phone: Work Phone Email:

Siblings: Age:

Age:

Age:

Name of the Daycare, Preschool or School your child attends: Grade

Extra Curricular Activities and Interests:

Pregnancy: Normal Difficult Explain if Difficult Delivery: Normal Difficult Explain if Difficult Condition of child at birth:

Who is your child’s pediatrician? Phone: List illnesses, surgeries and injuries your child has experienced:

Does your child have allergies? If so what kind? Does your child have a history of ear infections? Does your child have ear tubes? Doctor Date

Has he/she had more than one set? Has your child had surgery or any serious illnesses? if so, please explain:

Is your child taking any medications? If so please list them:

Does your child have any sleeping difficulties?: If so, please describe the sleeping difficulties:

Approximate age that your child: Sat Crawled Walked

Babbled Said first words Produced simple phrases and sentences

Was your child referred by a Doctor Teacher Other ?

What is your concern about your child’s communication skills and/or learning abilities?

Does your child have a diagnosed speech/language disorder or any other disorder?

What is the diagnosed delay or disorder?

Do you have any other concerns about your child?

Has your child received previous speech/language therapy or other services? If so, where did you child receive services?

Dates of services:

Do any other family members have a history of a speech/language disorder? If so, please describe:

Do you have Evaluation Reports, Therapy Reports, Progress Reports, etc. from previous services? Can you provide copies of these?

What other service has your child received? OT , PT , DI , Special Education Instruction , Counseling , Other

From whom?

Best days of the week and times for therapy: M T W TH F

Morning Afternoon Evening Preferred therapy site: Daycare Preschool School Core4 Office Home

Emergency Contacts: 1. Phone:

2. Phone:

Parent/Guardian Signature