



INTAKE FORM & CASE HISTORY

Today's date: _____

Person completing form: _____ Relationship to child: _____

Who referred you to Bendigo Speech Works? _____

Reason for accessing Speech Pathology: _____

Child's Name: _____

Date of birth: _____ Age: _____ Sex: _____

Address: _____

Child's GP: (name and address) _____

Child's Paediatrician: (name and address) _____

Parent/guardian's name: _____

Mobile number: _____ Alternative number: _____

Email address: _____

Creche/kindergarten/school currently attended by child:

Name _____

Address: _____

Key contact person: _____

Speech and Language

Describe the child's current speech/language problem: _____

Age of first spoken words: _____ Age of first spoken sentences: _____

Describe the child's communication at the present time (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Grunts & points | <input type="checkbox"/> Screams | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Takes you to object | <input type="checkbox"/> Copies what you do | <input type="checkbox"/> Copies what you say |
| <input type="checkbox"/> Single words | <input type="checkbox"/> Two word phrases | <input type="checkbox"/> Longer sentences |
| <input type="checkbox"/> Unclear speech | <input type="checkbox"/> Too soft | <input type="checkbox"/> Too loud |
| <input type="checkbox"/> Stutters | <input type="checkbox"/> Hoarse | |

Indicate any family history of speech or language problems: _____

Has your child had any assessments or evaluations prior to today? YES / NO

If "Yes," please explain (including dates, and who conducted the assessments) _____

Has your child received previous speech/language therapy? YES / NO

If yes, where and when? _____

What were you told? _____

Is your child currently receiving speech/language services? YES / NO

If yes, where and how often? _____

What are they working on? _____

Has your child had his/her hearing assessed? YES / NO

Where and when? _____

What were you told? _____

Does your child have other developmental areas that concern you or others (ie. Kindergarten teachers, maternal child health nurses, creche staff, family members)? These concerns might be about sensory issues, co-ordination, socialising, behaviours, etc. _____

Does your child have any issues with eating or swallowing? YES / NO

If yes, does your child eat:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bland food | <input type="checkbox"/> Smooth food | <input type="checkbox"/> Crunchy food |
| <input type="checkbox"/> Limited range of food | <input type="checkbox"/> Dry food | <input type="checkbox"/> Lumpy food |

Please describe any other eating issues: _____

Does your child have aversions to any food? (please list) _____

Does your child demonstrate any of the following behaviours?

- | | |
|--|---|
| <input type="checkbox"/> Co-operative | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Poor eye contact |
| <input type="checkbox"/> Willing to try new activities | <input type="checkbox"/> Easily distracted/short attention |
| <input type="checkbox"/> Destructive / aggressive | <input type="checkbox"/> Plays alone for long periods of time |
| <input type="checkbox"/> Separation difficulties | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easily frustrated/ impulsive | <input type="checkbox"/> Inappropriate behaviour |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Self-abusive behaviour |

Does your child...

- Repeat sounds, words or phrases over and over?
- Understand what you are saying?
- Retrieve/point to common objects upon request (ball, cup, shoe)?
- Follow simple directions ("Shut the door" or "Get your shoes")?
- Respond correctly to yes/no questions?
- Respond correctly to who/what/where/when/why questions?

What particular interests does your child have? (ie. Lego, puzzles, swings, Paw Patrol)

What days suit you best for Speech Pathology assessments and sessions? _____

Please e-mail completed form to:
admin@bendigospchworks.com.au

Or post the completed form to:
Bendigo Speech Works PO Box 299, Strathdale 3550