Patient’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous clip or release of tongue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

**1. Has your child experienced any of the following issues? Please check or elaborate as needed.**

**Speech**

\_\_\_ Frustration with communication

\_\_\_ Difficult to understand by parents

\_\_\_ Difficult to understand by outsiders

\_\_\_ % Percent of time you understand your child

\_\_\_ Difficulty speaking fast

\_\_\_Difficulty getting words out (groping for words)

\_\_\_ Trouble with sounds (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Speech delay (when?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stuttering

\_\_\_ Speech harder to understand in long sentences

\_\_\_ Speech therapy (how long)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mumbling or speaking softly

\_\_\_”Baby Talk”

**Feeding**

\_\_\_ Frustration when eating

\_\_\_ Difficulty transitioning to solid foods

\_\_\_ Slow eater (doesn’t finish meals)

\_\_\_ Grazes on food throughout the day

\_\_\_ Packing food in cheeks like a chipmunk

\_\_\_ Picky with textures (which?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Choking or gagging on food

\_\_\_ Spits out food

\_\_\_ Other:

**Nursing or Bottle-Feeding Issues as a Baby**

\_\_\_ Painful nursing or shallow latch

\_\_\_ Poor weight gain

\_\_\_ Reflux or spitting up

\_\_\_ Unable to hold pacifier

\_\_\_ Milk dribbling out of mouth

\_\_\_ Poor Supply

\_\_\_ Nipple shield required for nursing

\_\_\_ Clicking or smacking noise when eating

\_\_\_ Other:

**Sleep issues**

\_\_\_ Sleeps in strange positions

\_\_\_ Kicks and flails around at night

\_\_\_ Wakes easily or often

\_\_\_ Wets the bed

\_\_\_ Wakes up tired and not refreshed

\_\_\_ Grinds teeth while sleeping

\_\_\_ Sleeps with mouth open

\_\_\_ Snores while sleeping (how often) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Gasps for air or stops breathing (sleep apnea)

**Other related issues Anything else we need to know:**

\_\_\_ Neck or shoulder pain or tension

\_\_\_ TMJ Pain, clicking, or popping

\_\_\_ Headaches or migraines

\_\_\_ Strong gag reflex

\_\_\_ Mouth open /mouth breathing during the day

\_\_\_ Tonsils or adenoids removed previously

\_\_\_ Ear tubes previously

\_\_\_ Reflux (medicated or not)

\_\_\_ Hyperactivity / Inattention

\_\_\_ Constipation

Pediatrician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_