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Childhood speech-language patient information

Welcome to my therapy room! Please fill out the following information. They help me see what you need and save time. If you don't remember for sure, don't worry.

Patient information

Legal name						
0	first	middle initial	last			
Preferred na	me					
Date of birth	mm/dd/yyy	0	Gender M F non-b	inary		
Mailing add	ress					
0		et address or P.O.Box	unit/apt #			
		,				
City		State	zipcode			
Address at which to participate in therapy						
	stre	et address	unit/apt #			

City	State	zipcode	
		last	
Emergency con	tact name first	last	
Relationship to	patient		
Phone number		_ cell landline oth	er please circle
PC system type	and model		
U.S. side Prima	ry Insurance if filing		
address		city	state
web address		phone number	
Please check al	l that applies		
has 504 Plhas medic	ervices in related area	ecify	Adaptive PE

- born with conditions that required medical care _____
- did not pass neonatal hearing screening ______
- history of cleft lip and/or palate followed by repair _____

- major illness or injuries ______
- major surgeries ______
- sensitive to sounds, bright light, certain texture, touches, taste, etc.
- Iate meeting developmental milestones _____
- uses grunting or other non-speech sounds to tell you she/he/they want something
- speaks her/his/their own language
- invents words understood only by certain individuals such as siblings, frequent care takers, etc.
- sibling(s) "interpret" when you don't understand what she/he/they said
- gets frustrated when you don't understand her/him/them
- uses words like "stuff, things, what-chama-call-it," etc. a lot
- difficulty following direction
- other please specify _____
- you don't understand what she/he/they said
- sounds unclear
- odes not use certain speech sounds please specify which one(s)
- makes certain speech sounds differently than other kids
- has lisp(s)
- you can tell she/he/they sound(s) different than other kids at the same age but you can't describe it
- verbalizes she/he/they "can't say (certain) sound(s)" _____
- seems to not notice she/he/they sound different at all
- if known, how do(es) she/he/they feel about it _____
- other please specify ______
- ۲

- repeats words and sounds when she/he/they speak
- repeats only certain sounds please specify _____
- sounds choppy, bumpy, etc.
- sounds worse only in certain circumstances please specify
- seems to speak faster than she/he/they should
- you have tried to tell her/him/them to slow down and think about what they are saying but the effects last only a short while
- has biologically related family member(s) with similar issues please specify ______
- diagnosed by Ear-Nose-Throat specialist (an otorhinolaryngologist) with something to do with the voice box please specify
- has had a breathing tube or feeding tube before
- has had injuries to neck and/or throat please specify
- speaks with a different voice than what seems appropriate for kids her/his/their age please describe ______
- received cleft lip/palate care as an infant ______
- lives with many other kids in the household ______
- has known hearing loss
- screams and yells a lot
- odes funny things with her/his/their voice
- doesn't like water and would only drink certain beverages please specify ______
- was late to talk as a baby age when she/he/they started to talk

- doesn't talk as much as you remember other kids at the same age
- points a lot
- doesn't seem to use as many words as you recall other kids
- takes you by the hand to show you what she/he/they want(s)
- doesn't follow directions that other kids same age usually follow
- doesn't use word parts at the end of words like "-s, -ing, -ed"

uses non-word sounds to communicate what she/he/they want(s)

- odesn't understand "same" vs "opposite"
- uses words like "stuff, thingie, whatchamacallit," etc.
- talks and/or writes in run-on sentences
- Ioses track of her/his/their own sentences before finishing
- odesn't like language arts at school
- difficulty learning new words
- difficulty recalling words she/he/they know
- does odd things to get peers' attention at school
- has hard time with "word problems" at school
- can't concentrate as long as she/he/they did before head injury
- knows she/he/they don't understand other people's words as fluidly as before
- can't "spit out" words at the "tip of their tongues"
- can't verbalize as well as or fluidly as before
- seems to think writing is harder
- difficulty following complex directions
- difficulty organizing belongings, schedule, or responsibilities
- has hard time getting ideas to achieve goals and executing them that was not hard before
- other please specify ______