



Phone: 773-388-8918  
Fax: 773-388-8914  
2925 N. Southport Chicago, IL 60657  
speechinthecity@sbcglobal.net

Today' Date: \_\_\_\_\_

**Patient Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian's information:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Would you like to receive emailed statements? \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_

Pediatrician's contact information:  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes please specify: \_\_\_\_\_  
\_\_\_\_\_

Is your child in a child care program, preschool, or school? \_\_\_\_\_

If so, where and what grade? \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Policy holder's name and date of birth: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Does your Insurance require pre-certification? \_\_\_\_\_

**Please answer the following questions:**

1. Describe your major concern(s) about your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. When was your child's most recent medical exam? \_\_\_\_\_
3. Does your child have a history of middle ear infections? If so were tubes placed? \_\_\_\_\_  
\_\_\_\_\_
4. Has your child ever experienced any difficulty with feeding or swallowing? If so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birth and developmental history**

Was pregnancy and delivery normal? \_\_\_\_\_  
\_\_\_\_\_

Was pregnancy full term? \_\_\_\_\_

Did your child require intubation after birth? \_\_\_\_\_

At what age did you child:

Sit alone: \_\_\_\_\_

Stand alone: \_\_\_\_\_

Walk alone: \_\_\_\_\_

Babble: \_\_\_\_\_

Speak first word: \_\_\_\_\_

Put two words together: \_\_\_\_\_

Has a hearing test been completed? \_\_\_\_\_ What were the results? \_\_\_\_\_

Has your child previously been seen for speech and language therapy? \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_