

Pediatric Speech Therapy Intake Form

Child Information

Child's Name

Date of Birth

Gender

Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Relationship to Child

Medical/Developmental History

Relevant Medical Conditions

Previous Diagnoses (if any)

Allergies

Current Medications

Speech & Language Information

What are your primary concerns about your child's speech/language?

Age when first words appeared

Age when short sentences appeared

Languages Spoken at Home

Has your child's hearing been tested?

Previous Speech Therapy/Interventions

Other Concerns or Notes