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Preschool-Age Client Information Form

Today's Referral Date: _____

Family Information:

Child's Name: _____

Date of Birth: _____

Name of Parents/Guardians: _____

Address: _____

e-mail Address: _____

Phone Number: (H) _____ (W) _____

Siblings: Name(s)/Age(s): _____

Languages spoken at home: _____

Preschool attended: _____ Frequency: _____

Teacher's Name: _____

Medical Information:

Referral source: _____

Reason for this referral: _____

Has your child been seen previously by a Speech-Language Pathologist? _____

Name/Address of family Physician: _____

Are there other health professionals involved (e.g. Audiology, Psychology?)

Please list pertinent medical Diagnoses: _____

Background Information:

Any family history of speech and/or language problems?

Please indicate the date of your child's most recent hearing test and results:

Please describe developmental milestones. Were there any delays such as sitting up or learning to walk?

During the first 6 months, did your baby enjoy eye contact, smile, and coo?

During 6 to 12 months of age, did your baby vocalize and babble?

Did your baby enjoy games such as "Peek-a-Boo" and "Pat-a-Cake"?

What were your child's first words and when did they develop?

Please check areas of development that are of concern:

- Play skills
- Attention
- Behavior
- Eating/swallowing/food textures
- Speech production
- Comprehension of language
- Expression of language (combining words)
- Social engagement
- Sensory/self-regulation
- Other: _____

Briefly describe the nature of your child's speech and/or language problem:

Please provide the name of your insurance carrier (optional):

How did you find out about our services?

- At Home Speech & Language Services website
- Yellow Pages
- Speech and Hearing Association Nova Scotia (SHANS)
- Other