

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**

- 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

**Anything else we need to know:**

Pediatrician \_\_\_\_\_

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

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

Doctor's Signature \_\_\_\_\_