

OTHER INFORMATION

Medical

1. Significant illnesses/medical conditions/injuries/surgeries Date(s)

2. Current medications/therapies: _____

3. Primary Physician & Address: _____
4. Other difficulties (e.g. vision, hearing, walking, arm/hand control, growth, coordination, learning):

5. Current Health: ___ Poor ___ Fair ___ Good ___ Excellent

Pregnancy and Birth

1. Were there any significant illnesses/conditions/injuries during pregnancy with this child? Describe:

2. Were there any difficulties at birth? Describe: _____

Development

1. Sat without support at ___ months. Walked without support at ___ months.
2. Toilet trained during the day at ___ months. Toilet trained during the night at ___ months.
3. Had three to five word vocabulary at ___ months. Frequently used short phrases at ___ months.
Frequently used sentences at ___ months.

Family and Social Development

1. Mother's Name: _____ Age: ___ Occupation: _____
Marital Status: _____ Living with the family: ___ Yes ___ No
2. Father's Name _____ Age: ___ Occupation: _____
Marital Status: _____ Living with the family: ___ Yes ___ No
3. With whom does the child live? _____
___ Biological Parent ___ Adoptive Parents ___ Other (Describe) _____

Please list others with whom this child lives and their relationship to the child.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

4. Is there a family history of speech/hearing problems? Describe: _____
