

Patients Name .....

Birth date ..... Todays Date .....

**Medical problems**

Heart disease ..... Bleeding disorders .....  
Male ..... Female ..... Birth Weight .....  
Vaginal birth ..... C-Section Birth .....  
Are you presently breastfeeding ..... If no, how long since you stopped breastfeeding .....

Other.....  
Present Weight ..... Birth Hospital .....  
Any birth complications?.....

**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)  
\_\_\_ Small appetite / Trouble gaining weight  
\_\_\_ Grazes on food throughout the day  
\_\_\_ Packing food in cheeks like a chipmunk  
\_\_\_ Picky eater/ with textures (which?) .....  
\_\_\_ Choking or gagging on food  
\_\_\_ Spits out food  
\_\_\_ Won't try new foods  
\_\_\_ Other:  
How long does baby take to eat?.....  
How often does baby eat?.....

**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 dribbled out of mouth / messy eater  
\_\_\_ Poor Supply  
\_\_\_ Nipple shield required for nursing  
\_\_\_ Clicking or smacking noise when eating  
\_\_\_ Cried a lot / colic as baby  
\_\_\_ Other:

**Sleep issues**

\_\_\_ Sleeps in strange positions  
\_\_\_ Sleeps restlessly (moves a lot)  
\_\_\_ 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 / lots of ear infections  
\_\_\_ Reflux (medicated or not)  
\_\_\_ Hyperactivity / Inattention  
\_\_\_ Constipation

**Anything else we need to know?**

Pediatrician .....

Speech Therapist .....

Who referred you to us? .....

Doctor's Signature .....