

GOEPFERT SPEECH ASSOCIATES, LLC
Diagnostic and Therapeutic Services for Children and Adults

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HISTORY QUESTIONNAIRE

Patient's Name _____ Age ___ yrs. ___ mos. Birthdate _____ Sex: ____
Address _____ Home Phone _____
Mobile Phone _____ Work Phone _____ E-mail _____
Referred by _____ Physician _____
Insurance _____ Ins. ID# _____ Group# _____
Name of person completing form _____ Relationship to patient _____
Describe your concerns and reason for evaluation referral _____

BIRTH AND PRENATAL HISTORY:

Describe any unusual illness, accident or conditions during pregnancy or delivery _____

Length of pregnancy _____ Medications during pregnancy _____
Duration of labor _____ Birth Weight _____ Intensive care? _____
Breathing problems? _____ Feeding problems? _____

FAMILY HISTORY:

Parent _____ Age _____
Address _____ Occupation _____
Education _____ Living with family? _____ Divorced or Separated? _____ Deceased? _____
Parent _____ Age _____
Address _____ Occupation _____
Education _____ Living with family? Yes/No Divorced or Separated? _____ Deceased? _____
Other Siblings (names & ages) _____

DEVELOPMENTAL HISTORY At what age did the infant first do the following: Crawl _____
Walk _____ Sit unsupported _____ Stand unaided _____
Drink from a cup _____ Sleep through the night _____ Gain bladder control _____
Does the child prefer (circle) left or right hand? Seem uncoordinated or lose balance? _____
Describe any chewing, swallowing, or drooling difficulties _____
Are there other family members with speech, language, hearing or learning difficulties? _____
If so, who _____

MEDICAL HISTORY Check if the child has had the following: ___ Mumps ___ Chicken Pox
___ Earaches ___ Ear infections ___ Frequent Colds ___ Allergies ___ Asthma
___ Bronchitis ___ High Fever ___ Tonsillitis ___ Whooping cough ___ Influenza ___ Meningitis
___ Paralysis ___ Convulsions ___ Heart Disease ___ Scarlet Fever ___ Measles

Explain any other hospitalizations _____

SOCIAL DEVELOPMENT Answer Yes or No. Is/Does child: Responsive to people _____

Responsive to objects? _____ Normally active? _____ Usually happy? _____ Take turns? _____
Demonstrate affection to others? _____ Enjoy others company? _____ Cooperate with others _____
Play with family members? _____ Play with children outside the family? _____ share? _____
Initiate a variety of play schemes? _____ Readily try new things? _____
Show concern when separated from parents? _____ Seem unaware of others? _____
Play mostly by himself? _____ Usually unhappy? _____ Cry frequently? _____ Bang Head? _____
Anger easily when frustrated? _____ Seem fearful of new things? _____ Rock while sitting? _____
Stare? _____ Seem hyperactive? _____ Seem underactive? _____ Resist discipline or direction? _____
Describe other behaviors observed: _____

SPEECH AND LANGUAGE DEVELOPMENT At what age did the child do the following:

Respond to sounds in the environment _____ Coo and babble _____ Gesture and point _____
Say single words _____ Combine two words _____ Use sentences _____ What is the average
sentence length? _____ (words) Do you feel his/her vocabulary is age appropriate? _____
Does he/she readily attempt to communicate? _____ Verbalize excessively _____ Currently
gesture or point to communicate? _____ Seem eager to communicate with others? _____
Are there any known defects of the tongue, palate, nose, throat, or ears? _____
Do you feel his/her articulation is age appropriate? _____ If not, what sound errors are noted?

SCHOOL When did he/she start school? _____

Name of current school and grade _____
Describe any difficulties in school _____

OTHER INFORMATION Has the child had any of the following (please explain):

Speech evaluation _____
Hearing test _____
Neurological examination _____
Psycho-educational assessment _____

Use this space to provide any additional information _____

What goals do you have and how do you feel that services at this office may be of help? _____

