HearSay SPEECH AND HEARING CENTRE
44 Main St. E.
Milton, ON L9T 1N3
905-875-3345

CLIENT INTAKE FORM (Child)

Please complete the following form and send to us at least 24 hours prior to your appointment. Without the Intake form, we will need to reschedule your appointment.

Client Information

Child's name: _____ Gender: _____

Child's date of birth: (M/D/Y)_____ Child's Doctor: _____

Address: _____ Doctor's phone no: _____

_____ Doctor's address: _____

Referral Source: _____ Referral reason: _____

Parent/Guardian 1: Main Contact ☐ (please check)

First name _____

Surname _____

Address: _____

Home phone # _____

Work phone # _____

Cell phone # _____

Email Address: _____

Occupation _____

Parent/Guardian 2: Main Contact ☐ (please check)

First name _____

Surname _____

Address: _____

Home phone # _____

Work phone # _____

Cell phone # _____

Email Address: _____

Occupation: _____

Are you separated or divorced? ☐ **YES** or ☐ **NO** **If yes**, who has legal guardianship of your child:_____

If you answered yes to the above question, please complete Section J: Letter of Consent for Separated Families.

Siblings (Names & Ages): _____

Medical History:

Medical Diagnosis :(if applicable) (PDD, cerebral palsy, Hydrocephalus, Down syndrome, seizures, etc.)

_____

Birth weight: _____ Premature?☐YES / NO☐ NICU:☐ YES / NO☐if yes, how long? _____

Do you have any concerns with your child's hearing? YES / NO if yes, explain: _____

Has your child ever had their hearing tested?☐YES / NO☐if yes, when, and where was the test done and what were the results?

_____ / _____ / _____

DATE / WHERE / RESULTS

Has your child had a history of ear infections/congestion requiring medication and/or tubes? ☐YES / NO☐if yes, please explain:

_____ ENT Name: _____ Phone #: _____

Language

How does your child tell you what they want?

Pick all that apply.

- ☐ Does not communicate needs
- ☐ Makes eye contact
- ☐ Points/Gestures/Sounds
- ☐ Leads adult by hand
- ☐ Single words
- ☐ 2–3-word combinations
- ☐ Short simple sentences
- ☐ Long complex sentences
- ☐ Dysfluent/Stutters

Speech Sounds

How well can the child be understood by the family?

- ☐ Well
- ☐ Not very well

Do others understand your child?

- ☐ Well
- ☐ Not very well

Does your child understand you?

- ☐ Always
- ☐ Never

When did you start noticing your child's speech/language difficulties?

(age of child in months) _____

Has your child ever spoken better than they do now? ☐ Yes ☐ No

if yes, please describe: _____

What is the primary language spoken at home? _____

Any other languages spoken at home? _____

Do you have any concerns about your child's behaviour? (i.e., shyness, frustration, tantrums, inability to focus, hyperactive, aggression, underactive)

_____

_____

Do you have any concerns about your child's motor skills? (i.e., walking, running, balance, drooling, eating/chewing, printing, writing, pencil grasp)

_____

Do you have other concerns? (i.e., toilet training, play, frequent ear infections)

_____

_____

Does your child have any medical conditions? (asthmatic, severe allergies...)

_____

_____

Has your child ever been seen by a Speech/Language Pathologist?

☐ Yes ☐ No if yes, who? _____

When? _____

Results? _____

_____

Child's Daily Program

☐ Childcare ☐ Nursery School/Drop-in

☐ Home ☐ School (Grade): _____

Person/Agency/School Name: _____

Overall performance: _____

Any specific difficulties? _____

Other Agency History ☐ None

If yes, please complete the following section:

Agency 1 _____

Status (active, waiting list, discharged) _____

Type of Service provided _____

Contact person _____

Phone No. _____

Agency 2 _____

Status (active, waiting list, discharged) _____

Type of Service provided _____

Contact person _____

Phone No. _____

Your needs and concerns:

When did you become concerned about your child's communication?

_____

_____

What are your top 3 concerns right now related to your child's communication and/or general development which are affecting your family?

(i.e.. Why is my child not talking? Will my child talk normally? My child doesn't listen/ understand what I say., Should I speak 2 languages at home? My child has a very short attention span. My child understands a lot but does not talk very much.)

1. _____
2. _____
3. _____

A: **PRESCHOOL/EARLY LANGUAGE**

Does your child have less than 50 words? ☐ Yes ☐ No If yes, please answer the following. **If no, skip to part B.**

Please indicate if your child knows the following:			**Does your child understand?**		
Their name?	☐ Yes	☐ No	Short requests such as "Get your shoes"/"Comb your hair"?	☐ Yes	☐ No
Numbers 1-10?	☐ Yes	☐ No	Stories such as "The Three Bears"?	☐ Yes	☐ No
Parts of their body?	☐ Yes	☐ No	Children's T.V. programs?	☐ Yes	☐ No
Basic colors?	☐ Yes	☐ No	Adult conversation?	☐ Yes	☐ No

Does your child communicate in any of the following ways? (check all appropriate choices)

☐ Eye contact/body movements ☐ Sounds ☐ Gestures ☐ Signs/pictures ☐ Sounds that stand for words (e.g., brrr)

☐ Single words/word approximations ☐ Short phrases (2 or more) e.g., _____

☐ Phrases of 3 words (e.g., 'me more cookies'?) _____

☐ Conversation (talks back and forth with you) e.g., _____

Can you understand your child's speech?

☐ Most of the words ☐ Some of the words ☐ Almost none of the words

How does your child communicate and interact with other children? (check all appropriate choices)

☐ Eye contact/body movements ☐ Not at all; plays alone ☐ Watches other children ☐ Mainly grabs things

☐ Plays alongside but quietly ☐ Talks to self with occasional comments to others ☐ Tells another child what they are doing

☐ Suggests a game (e.g. 'play house'?) ☐ Explains to other children what to do in a game ☐ Other: _____

What does your child like to communicate most to you? (either using words or without words)

☐ What they are doing at the time ☐ What are you doing ☐ Favourite toys ☐ What they have seen on television

☐ Their friends and family members ☐ Other: _____

Motor Skills Development:

Does your child have any gross or fine motor difficulties? ☐ Yes ☐ No

Age child sat unsupported _____, started crawling _____, started walking, _____, toilet trained, _____

Please describe any difficulties in walking, playing with toys, feeding themself: _____

Does your child use a spoon? _____ , fork? _____ , knife? _____

Does your child climb stairs? _____ , Ride a bike?_____, Skip? _____

Does your child dress/undress themself? _____

Behaviour:

Does your child have any behaviour difficulties? (e.g. tantrums, aggressive behaviour, extreme shyness, hyperactivity, difficulty concentrating, underactive child, irritable) Please explain: _____

Does your child have playmates? ☐ Yes ☐ No How old are they? _____

How do they play together? _____

How does your child get along with brothers and sisters? _____

Favourite activities at home: _____

Does your child seem to be aware of a speech/language difference? ☐ Yes ☐ No if yes, please describe: _____

Are you having a hard time coping with your child's communication difficulties? _____

Is there a family history of speech/language difficulties? _____

B: ARTICULATION/PRONUNCIATION

Does your child have difficulty pronouncing sounds/words? ☐ Yes ☐ No If yes, please answer the following. **If no, skip to part C.**

How well do the following people understand what your child is saying?

Yourself:	☐ all	☐ most	☐ some of the time	☐ very little
Others:	☐ all	☐ most	☐ some of the time	☐ very little
Peers:	☐ all	☐ most	☐ some of the time	☐ very little

What sounds or words does your child have difficulty pronouncing? _____

C. LANGUAGE:

Does your child have difficulty understanding or using language? ☐ Yes ☐ No If yes, please answer the following. **If no, skip to part D**.

Language Production: Does your child?

a) speak in very short sentences?	☐ yes	☐ no	☐ rarely
b) use incorrect word order or grammar?	☐ yes	☐ no	☐ rarely
c) have a limited vocabulary?	☐ yes	☐ no	☐ rarely
d) have difficulty telling a story?	☐ yes	☐ no	☐ rarely

Which sentence would best represent the type of sentence your child would say?

☐ Play ball ☐ Her play ball ☐ She playing ball ☐ She is playing ball ☐ She is playing ball with her friends

Please give 1-2 examples of sentences your child says at the present time. _____

Language Comprehension: Does your child understand?

a) name of common objects?	☐ yes	☐ no	☐ rarely
b) questions?	☐ yes	☐ no	☐ rarely
c) familiar stories?	☐ yes	☐ no	☐ rarely

D. VOICE:

Does your child have problems with their voice? ☐ Yes ☐ No If yes, please answer the following. **If no, skip to part E**.

Which of the following are characteristic of your child's voice?

☐ congested ☐ too high ☐ too low ☐ too soft ☐ monotonous ☐ nasal ☐ breathy ☐ hoarse ☐ other: _____

E. FLUENCY/STUTTERING:

Does your child stutter? ☐ Yes ☐ No If yes, please answer the following. **If no skip to part F**.

Does your child?

a) avoid talking or participating at home &/or school? ☐ yes ☐ no ☐ rarely

b) avoid talking to adults? ☐ yes ☐ no ☐ rarely

c) avoid talking to peers? ☐ yes ☐ no ☐ rarely

d) exhibit face or body changes when stuttering? ☐ yes ☐ no ☐ rarely
(e.g. chin twitches, eyebrow raising, slapping leg)

F. SUSPECTED HEARING LOSS:

Do you suspect that your child may have a hearing loss? ☐ Yes ☐ No

Does your child?

a) need repetition frequently? ☐ yes ☐ no ☐ rarely

b) have frequent ear infections? ☐ yes ☐ no ☐ rarely

c) have difficulty following directions? ☐ yes ☐ no ☐ rarely

d) have difficulty hearing in a noisy environment? ☐ yes ☐ no ☐ rarely

G. ACADEMIC/SOCIAL:

How does the speech and language difficulty impact your child on a day-to-day basis?

☐ shy ☐ acting out ☐ teased ☐ avoids talking ☐ avoids eye contact ☐ other: _____

Academically, how is your child doing in comparison to same age peers? ☐ above average ☐ average ☐ below average

Does your child receive any support services at school or outside of school? ☐ Yes ☐ No ☐ Not applicable if yes, please specify:

_____

Does your child have playmates? ☐ Yes ☐ No How old are they? _____

How do they interact together? _____

How does your child get along with their siblings? _____

Favourite activities at home? _____

H. EDUCATION HISTORY (If applicable):

What age did your child start school? _____ Were any grades repeated or skipped? ☐ Yes ☐ No If yes, please describe:

_____

What are your child's grades in general? _____ Are you satisfied with your child's performance in school?

_____

Are there any school subjects with which your child has particular difficulty? _____

How does your child get along with other school children? _____

I. What are you hoping we will be able to provide to you after this appointment with us? _____

(i.e., recommendation for home management, service at this clinic, referral to another agency)

J. CONSENT FOR SEPARATED PARENTS OR GUARDIANS (If applicable)

HearSay understands that there is a wide range of decision-making arrangements for children and we will respect that. Where there is shared parenting time between the parents or guardians, HearSay considers it important to support the parenting relationship with the child and each parent. HearSay needs to understand if decision making for your child is through a shared decision-making process (also called custody) to both parents, or if decision-making ability has been given to a single parent before service can proceed.
Even when decision-making is given to a sole parent, a written agreement may state that the other parent still needs to be Involved in service and/or Informed of the child's progress in service.

Some of families have *no written agreement*, while others have a *written agreement* that has been created with a lawyer, a mediator, or through a legal court process. These agreements often help us to answer the question regarding who can give consent for your child to receive service.

Consent for Service - What this Means for You:

1. We have *No agreement* for the decision making of our child(ren).
   Both parents are required to sign this letter before we provide service for your child.
2. We have a S*hared Decision-Making Agreement through a Joint Custody Agreement, a Separation Agreement or in an Interim agreement from a family court.*
   Both parents are required to sign this letter before we provide service for your child
3. I have ***Sole Decision-Making Ability*** through a Court Order or a Separation Agreement that allows me to provide consent for my child(ren) to receive services.
   Please confirm that you can provide consent for your child(ren) to receive services by signing below. **Please Note**: Even when decision-making is given to a single parent, the written agreement may still state that the other parent needs to:
   Give Permission: The other parent's permission may still be required specifically for your child to receive services.
   Be Involved: Your agreement may still require/encourage the involvement of the other parent in service with your child.
   Be Informed: The other parent may not need to consent or be involved, but you may still be required to inform them of the outcomes of service.
4. **I have sole decision-making ability AND I choose to involve the other parent/guardian.**

Signature of Understanding

Parent/Guardian #1

If you believe that you have the permission to consent to your child's service, please indicate which option above applies to you and sign your name below.

Print your Name	*Signature of Parent/Guardian*	*Option*

Email	*Phone Number*	*Date*

Parent/Guardian #2

If the consent of the other parent is required, please have them indicate their consent for us to provide service by signing below, or by returning a copy of this letter.

Print your Name	*Signature of Parent/Guardian*	*Date*

K. LIMITS OF CONFIDENTIALITY

Please be aware that the information that you share in your session(s) are kept in your child's file (also called a Health Information Record). HearSay works hard to keep the information in your child's file confidential. However, there have been cases where HearSay has been court ordered to share information about your child's service and we have had to do so.

PARENT/GUARDIAN SIGNATURE/S	**DATE**

Pre-authorized Credit Card Payment for
Speech, Language & Literacy Group Sessions at HearSay Speech & Hearing Centre

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Credit Card Information Credit Card Type :

☐ Visa _____

☐ Master Card _____

Expiry Date : Month _____ Year _____ Security Code _____

I hereby authorize HearSay Speech and Hearing Centre to debit my credit card for services.

Card Holder Signature: _____

Date: _____