

TRICOUNTIES SPEECH SERVICES, Inc.

591 McCray Street Suite 201
Hollister, CA 95023



Health and Developmental Questionnaire

Name: _____ Birthdate: _____
Date: _____

Please take a few minutes to answer the following items. The background information you provide will aid in the diagnosis and will be used to appropriately address your child's needs. Thank You.

A. Family History

1. Marital Status: Married Divorced Separated Widowed Single

2. Please indicate all the persons living in the home with the child:

Name	Age	Relationship	Name	Age	Relationship

3. Have any other family members had learning difficulties? Yes No
If yes, please explain _____
4. Has there recently been a divorce, birth, or death in the family? Yes No
Any other factor that might affect school performance Yes No
If yes, please explain _____

B. Birth History

1. Length of Pregnancy _____ Duration of Labor _____
Type of Delivery _____ Birth Weight _____
2. Did mother take any medication or drugs during this pregnancy? Yes No

If yes, please explain _____

3. Were there any complications during labor and delivery?	Yes	No
If yes, please explain _____		
4. Were there any complications during your child's first months of life?	Yes	No
If yes, please explain _____		
Was he/she admitted into an intensive care nursery?	Yes	No
Length of Stay _____	Special care required _____	
Did your child need surgery?	Yes	No
If yes, please explain _____		

C. Medical/Developmental History

1. Does your child have any difficulty with vision?	Yes	No
If yes, please explain _____		
2. Does your child have any allergies?	Yes	No
If yes, please explain _____		
3. Does your child have (or has he/she had) any difficulty with hearing?	Yes	No
With ear infections?	Yes	No
If yes, please explain _____		
4. Is surgery planned for the future?	Yes	No
If yes, please explain _____		
5. Has your child ever received or is he/she currently on special medication?	Yes	No
If yes, please explain _____		
6. Has your child ever been seriously ill, hospitalized, or in an accident?	Yes	No
If yes, please explain _____		
7. At what age did your child:		
Talk _____	Spoke first word _____	Spoke using two-word sentences _____
Sit-up alone _____	Walk _____	Toilet trained _____

D. School History

1. Has your child ever been enrolled in a preschool program?	Yes	No
If yes, when and where: _____		
Was he/she receiving any special help?	Yes	No
If yes, what kind? _____		
2. Has there been a problem with attending school regularly?	Yes	No
If yes, please explain _____		
3. Has the child moved frequently?		
If yes, please explain _____		
4. Has your child ever received special help?		
If yes, please explain _____		

E. Difficulty as Observed by Parent(s)

1. Does your child have trouble following directions?	Yes	No
2. Does your child have trouble understanding what he/she is told?	Yes	No
3. Do you have trouble understanding your child?	Yes	No
4. Is your child's behavior a problem?	Yes	No
5. Does your child have trouble making friends?	Yes	No
6. Does your child have trouble learning new concepts?	Yes	No

F. Any other comments?

Mother

Name;_____D.O.B:_____

Home

Address:_____

Home phone_____Cell Phone_____

Work Number_____

Place of Employment:_____

Address:_____

Father

Name;_____D.O.B:_____

Home

Address:_____

Home phone_____Cell Phone_____

Work Number_____

Place of Employment:_____

Address:_____

Insurance Name_____Policy #_____

Phone number_____

The above information is correct to the best of my knowledge. I agree that TriCounties Speech Services, Inc. may furnish the insurance company and/or the person authorized by law with whatever information concerning said speech pathology services. I also agree that my monies received from my insurance company over and above my indebtedness will be refunded when my bill is paid in full. I understand that I am financially responsible for all charges not covered by insurance. I will be responsible to TriCounties Speech Services, Inc. for payment of the entire bill. I also understand that I am financially responsible for all costs of collection, including reasonable attorney's fees and court cost. WITH MY SIGNATURE I also give my consent to TriCounties Speech Services, Inc. to administer formal and/or informal evaluation and speech therapy treatment as authorized by my physician and authorize payment from insurance companies directly to TriCounties Speech Services, Inc.

Parent Signature

Date