

# South East Speech Pathology

## PARENT QUESTIONNAIRE

Child's Full Name:	
Address:	
Email:	
Postcode:	Date of Birth:
Phone (home):	Phone (mobile):
Father's Name:	Mother's Name:
Siblings:	
Health Fund Details:	
Name of Family Doctor:	
School / Preschool Child attends:	
Days at preschool:	
Date today:	

## MEDICAL HISTORY

<b>Pregnancy / Birth</b>	normal delivery/ caesarian
<b>Details:</b>	breast fed / bottle fed
<b>Transition to Solids:</b>	<b>Age:</b>
<b>Does your child have difficulties with attention and concentration?</b>	YES/NO
<b>How often does your child have colds?</b>	Often/ Seldom/Never
<b>Has you child had many ear infections?</b>	YES/NO
<b>Has your child had a hearing test?</b>	YES /NO
<b>Details:</b>	

123/23 Milton Parade,  
Malvern, 3144, VIC.  
Ph: 0414943431

<b>Is your child currently on any medication?</b>	YES /NO
Details:	
<b>Motor Development:</b>	
What age did your child sit?	
What age did your child crawl?	
What age did your child walk?	
Details:	

**Has your child been seen by any other health professionals ?**

<b>Occupational Therapist</b>	YES/NO
Details:	
<b>Psychologist</b>	YES/ NO
Details:	
<b>Paediatrician</b>	YES/ NO
Details:	
<b>Physiotherapist</b>	YES/NO
Details:	
<b>ENT</b>	YES/NO
Details:	

Describe in your own words your child's difficulties:

---



---



---

<p><b>Has anyone else in the family ever had a speech/ language/ literacy/ learning difficulty?</b></p>	<p>YES/NO</p>
<p>Details:</p>	
<p> </p>	
<p><b>Has your child received speech pathology services in the past?</b></p>	<p>YES/NO</p>
<p>Details:</p>	
<p> </p>	
<p> </p>	
<p><b>Did your child babble regularly as a baby?</b></p>	<p>YES/NO</p>
<p>Details:</p>	
<p><b>At what age did your child say their first words?</b></p>	<p> </p>
<p><b>Did your child keep adding words once they started to talk?</b></p>	<p>YES/NO</p>
<p><b>At what age did your child make small sentences such as "want drink" or "me go"?</b></p>	<p> </p>
<p><b>Do you feel that your child is able to follow directions?</b></p>	<p>YES/NO</p>
<p><b>Does your child repeat sounds, words or phrases when speaking?</b></p>	<p>YES/NO</p>

Thank you for taking the time to complete this form. Please do not hesitate to discuss any aspect of this information with me in further detail.

Heidi Rees    Speech Pathologist