

Identifying Information

Child's Name _____
Date of Birth _____ Sex _____ Home Phone _____
Current Address _____
Mother's Name _____ Phone _____
Father's Name _____ Phone _____
Insurance Carrier _____ ID # _____

Patients's Medical History

Please describe any pertinent birth history.

Please fill in the age in which the patient:

Sat alone _____ Crawled _____ Walked _____ Said First Word _____ Potty Trained _____

Does the patient attend school? _____ If so, where? _____

Does the patient receive therapy in school or privately? _____

If yes, in what areas and how frequently?

Please describe any speech therapy history.

How did you hear about Talk Time? _____

What do you see the patient's strengths and needs? Please list 2 to 3 goals that you would like us to focus on during therapy.

Please describe any pertinent medical history and/or current medical conditions, including any diagnoses the patient has received and any specific diagnostic codes you would like us to use for billing purposes.

Please list any current medications.

Please list any dietary needs/constraints (food aversions/avoidances based on texture or inability to swallow)

Please list any additional information you feel we should know about the patient to best serve him/her

Myofunctional History

Please describe any dental history that has occurred.

Please describe any orthodontic intervention that has occurred.

Does your child or did you have any oral habits? (Thumb sucking, nail biting, finger sucking, ext.)
If so, what?

Were the patient's tonsils removed? If so, when?

Does the patient have allergies? If so, what?

Has the patient been diagnosed with a tied oral tether (TOT) /short frenulum?

Does the patient's tongue protrude from his/her mouth:

At rest? _____ While eating? _____ While drinking? _____ When sleeping? _____

Is the patient a mouth breather? _____

Does the patient have an open mouth at rest? _____

Does the patient clench their teeth? If yes, please describe. _____

Does the patient have any digestive issues or concerns? (Acid reflux, bloating, ext.)

Thank you for taking the time to answer these questions.

Please bring them to your first appointment/ evaluation.