



Prohab
Therapy Specialists

7711 East 111th Street South, Suite 127, Tulsa, OK 74133
P: (918) 691-3212; F: (918) 364-4276, alt. (918) 369-4551

PATIENT HISTORY/INTAKE FORM

Today's Date: _____

Name: _____ Date of Birth _____

Birth History: Please describe any problems/concerns with pregnancy (serious accidents, substance abuse, illness, medications, etc.), delivery, NICU stay, need for oxygen, need for ventilator, medications provided in hospital, etc.

Circle where appropriate:

Feeding problems	Seizures	Birth Defects
Breathing Problems	Cesarean Delivery	Apnea
Induced Labor	Breech Birth	Yellow color/Jaundice
Respiratory Problems	Sucking/Swallowing Problems	

Medical History: (circle where appropriate)

Allergies	Asthma	Bronchitis	Seizure Disorder
Earaches	Draining Ear	Chicken Pox	Mental Illness
RSV	Pneumonia	Physical Impairments	

Please describe any medical problems you/your child is experiencing including past illness, hospitalizations, surgeries, syndromes, etc. Provide approximate dates/ages when illness/condition occurred:

Did you/your child pass the Newborn Hearing Screening in the hospital? If not, were you/was the child re-tested? Please describe:



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Ear Infections (how many): _____

Do you/does child have tubes? Date of surgery _____

Family history/child history of hearing loss? When was family member/child diagnosed?

Are you or the child wearing amplification? If so, what type and how often are the devices worn?

If a cochlear implant user please put surgery date and date of activation (when CI was turned on): _____

Audiologist (name and contact information): _____

Primary Care Physician/Pediatrician (name and contact information):

List all medications you/your child is currently taking: _____

Any negative reactions to these medications? Describe _____

SPEECH AND LANGUAGE DEVELOPMENT (For pediatric patients)

- Does/Did your child babble and coo?
- Does/Did your child imitate sounds or words?
- When did you r child say his/her first words?
- When did your child begin combining words?
- When did your child begin using sentences?
- How does your child communicate to request what he/she wants or needs?

How would you describe your child's speech production?

How would you describe your child's ability to follow commands?

How does your child communicate with children of his/her age?

If your child is school aged, describe how your child functions in the classroom:

If your child is school aged, describe your child's ability to read:



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Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

Have you/or your child seen any other specialists (physicians, ENT, neurologist, Physical Therapist, Occupational Therapist, etc.)? If yes, indicate type of specialist, dates seen and the professional's conclusions or recommendations.

Provide any additional information or concerns that might be helpful in the evaluation and development of your/or your child's treatment plan.

The clinicians of Prohab Therapy Specialists expect parental participation in pediatric treatment sessions to promote carryover of speech, language and listening goals as well as strategies and techniques. With regard to adult learning styles, how would you prefer to obtain information pertinent to the child's plan of care? Circle all that apply:

I prefer to observe for the first few visits then follow the clinician's lead thereafter.

I prefer to follow the clinician's lead and participate immediately.

I prefer to jump right in and share with the clinician how my child responds best.

I appreciate handouts. I appreciate websites and technology based information.

On occasion, photographs or video may be taken of a therapy session for monitoring progress, presentations, and/or community events. I give my permission for my child to be photographed and/or videoed, with the understanding I will be notified prior to either.

Parent signature

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

*In the event you need to reschedule or cancel your appointment, kindly contact your clinician 24 hours prior to your scheduled visit, so we may offer the slot to another family. Thank you!