

Date:	1	/

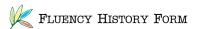
## FLUENCY HISTORY FORM

## **General Patient Information**

tient Name: Date of Birth						
Pediatrician:	Date Last Seen by F	ate Last Seen by Pediatrician:				
Other specialists who have worked with this child:						
Primary concerns or reasons for seeking services:						
Hoolth & Dovolonmental History						
Health & Developmental History	Child's high weight					
Length of pregnancy:	Child's birth weight:					
Any illnesses, injuries, or complications during the preg	nancy/delivery?	□ yes	□ no			
Were there any concerns following the child's birth?		□ yes	□ no			
Has this child had any serious illnesses or injuries?		□ yes	□ no			
Describe:						
Is the child taking any medications?		□ yes	□ no			
Details:			· · · · · · · · · · · · · · · · · · ·			
Has hearing been tested? □ yes □ no	Results:					
Has vision been tested? □ yes □ no	Results:					
Has this child had repeat ear infections?		□ yes	□ no			
If P.E. tubes were ever placed, by whom and when:						
Is there a family history of speech, language, or learning	g problems?	□ yes	□ no			
If yes, explain:						
Does this child have a history of problems with chewing	g, feeding, swallowing, or drooling?	□ yes	□ no			
Has this child been given any previous diagnosis?		□ ves	□ no			

□ yes

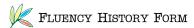
□ no



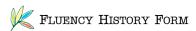
## Developmental Milestones

Has the child received previous speech and language therapy?

Please note at what age this child first:	
Sat alone	Babbled
Crawled	Spoke first word
Walked	Put two words together
Was toilet trained	
Health or Developmental Concerns	
□ Behavior	□ Gross motor skills (walking, sitting, jumping)
□ Attention/concentration	□ Fine motor skills (drawing, writing, object manipulation)
□ Social interactions	□ Balance/coordination
□ Eye contact	□ Physical health
□ Self-help skills	□ Hearing
□ Play skills	□ Vision
□ School achievement	□ Diet/eating
□ Interest in a variety of activities	□ Other:
Additional information:	
Educational/Academic	
Does your child currently attend school?	
Name of school:	<del>-</del>
At what age did your child first start attending school? _	
Have there been any concerns as noted by teachers?	□ yes □ no
If yes, please explain:	
Speech and Language History	
Speech and Language History	
What prompted your concerns regarding this child's spe	ech and/or language development?



What languages are spoken in	the home?							
If your child is learning more th	an one language, does	the child use/underst	and both?	□ ye	s 🗆 no			
Please describe:								
77. (6)								
Fluency/Stuttering								
When did the dysfluency/stutterin	g first start or become not	ticeable?						
Was the onset sudden or gradu	ual?		_					
Please explain:								
Is there a family history of stutt	ering? □ yes □ no	If yes, who?						
Does the child demonstrate an	y frustration when in a n	noment of stuttering?	□ yes	s 🗆 no				
Situations when your child regu	ularly seems to experien	nce increased stutteri	ng (please o	check al	I that ap	ply):		
□ when tired	□ when speaking with	□ wh	□ when talking on the phone					
□ when excited	□ when speaking with	extended family	other:					
□ when speaking with family	□ at school							
□ when speaking with peers	□ when telling stories							
Behaviors observed during mo	ments of stuttering (plea	ase check all that app	oly):					
□ repeats parts of words (ca-ca	a-cat)	□ demonstrates te	nsion in his	/her fac	e or bod	у		
□ repeats whole words (my-my-my-game) □ excessive or u			nusual hand or body movements					
□ repeats phrases	□ blocks (often loo	□ blocks (often looks like words get "stuck")						
□ prolongs certain sounds □ avoids eye co			act					
□ unusual changes in loudness	s or pitch	□ other:			· · · · · · · · · · · · · · · · · · ·			
On a scale of <b>1</b> (no stuttering) trate your child's stuttering behavior		ring),	1	2	3	4	5	
On a scale of 1 (never) to 5 (al	ways):							
My child's stuttering worries me	e:		1	2	3	4	5	
My child's stuttering interferes with his/her ability to communicate:		1	2	3	4	5		
My child avoids speaking situa	tions because of stutteri	ing:	1	2	3	4	5	
Other people have noticed/commented on my child's stuttering:			1	2	3	4	5	



Is there anything else you would like me to know?		



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