



### History Form

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Apt. # City Zip Code

Mailing Address: \_\_\_\_\_  
Street Apt. # City Zip Code

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Siblings: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Referred By: \_\_\_\_\_

Description of Problem (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been tested previously or received services for speech, language, reading and/or hearing?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

How long? \_\_\_\_\_

Does your child have a current IEP (Individual Education Plan)? \_\_\_\_\_ yes \_\_\_\_\_ no

Is your child currently receiving services? \_\_\_\_\_ yes \_\_\_\_\_ no

Birth/Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_