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Speech Therapy

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CASE HISTORY

Child's Name: _____

Address: _____

Phone: _____

E-mail: _____

Birthdate of child: _____

Mother's Name: _____

Father's Name: _____

Name and address of the child's physician: _____

Child's school: _____

May we contact and send a copy of MLF Speech Therapy Evaluation and Progress Notes to physician?

Yes No

May we contact and send a copy of MLF Speech Therapy Evaluation and Progress Notes to your SLP if you are current receiving services.

Yes No

Name: _____

Address: _____

Phone #: _____

E-mail: _____

Do you have paperwork such as an IEP or previous speech evaluations? Yes No

{PLEASE BRING A COPY TO APPT.}

Medical History:

Does your child have a medical diagnosis that is related to their speech and language disorder? If yes, please describe below?

Speech and Language Information:

Please indicate what age your child was able to do the following:

Babbling _____

Use single words (no, mom, doggie) _____

Combine words (me go, daddy shoe) _____

Use complete sentences (I want to go to the store) _____

Has your child ever been diagnosed with any speech and language disorders? Yes No
If yes, please describe what type.

What are your concerns at this time about your child's speech and language skills?

Is there a family history of speech and language disorders? Yes No
If yes, what type of disorder and describe relationship to child?

What are your goals for speech therapy?

What can MLF Speech Therapy do to best service both you and your child's needs?

How were you referred to us?

Pediatrician Current SLP Google Search Yahoo Search Previous Client

Other Internet Search – Describe _____

Other – Describe _____