Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form

Information

Name: _____
Address: _____
_____ Zip:_____
Parents: _____
Address (if not the same):_____
_____ Zip:_____
Phone: _____ Cell: _____
email:_____
Date of birth:_____
Age: _____ Sex: _____

School: _____
Grade: _____
Person completing this form: _____
Relationship to client: _____
Date: _____
Referred by whom (school, doctor, agency, individual, other)_____
Why is the child being referred: _____
_____
_____

Family Information

Mother's Information:
Circle one: Biological - Adoptive - Step
Name: _____
Age: _____ Health:_____
Education: _____
If deceased, date and cause:
_____
Marital Status:_____
Occupation:_____
Employer: _____
Business Address:_____
_____
Business Phone: _____

Father's Information:
Circle one: Biological - Adoptive - Step
Name: _____
Age: _____ Health:_____
Education: _____
If deceased, date and cause:
_____
Marital Status:_____
Occupation:_____
Employer: _____
Business Address:_____
_____
Business Phone: _____

Other children in the family:

Name	Age	Living in the home
_____	___	Yes ____ No ____
_____	___	Yes ____ No ____
_____	___	Yes ____ No ____

Do any of the children have special problems (speech, hearing, language, academic, emotional, behavioral, medical or other?) Describe:_____
_____

Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form (page two)

Are any of the children adopted? _____Yes _____No
Names: _____ Age at the time of adoption: _____
_____ _____

Other persons living in the home (and relationship to client): _____
_____

Is there any language spoken in the home other than English? If yes, what is the dominant language spoken in the home? _____

Are there any family problems which you feel might be contributing to the present difficulties of the child (such as illness, death, frequent school changes, absence of either parent, etc?) _____
_____
_____

Is there a history of speech, language or learning difficulties in the family? _____
Please describe:_____

Birth &Neonatal History

Mother's age at time of pregnancy? _____ Number of pregnancies? _____
Which pregnancy was this child? _____ Any miscarriages? ____

Where there any unusual conditions associated with this pregnancy (x-rays, German Measles, toxemia, high blood sugar, RH negative, bleeding, illnesses, seizures, surgery, drugs or medication)? _____
Please describe:_____
_____

Type of delivery: Normal_____ Induced_____ Breech_____ Caesarean_____
Were anesthetics used?_____ Forceps?_____

Were there complications during delivery?_____
_____
Was this birth premature?____ Period of gestation: _____ Birth weight: _____

Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form (page three)

Was the baby a twin?_____ Was there a need for special treatment at birth? _____
_____

Was there any problems during the first several months after birth? _____
_____
_____

Motor Development

Give the ages for the following:
Feed self:_____ Sitting:_____ Standing:_____ Walking:_____ Bladder Control:_____ Bowel Control:_____

Did he/she appear to be delayed in developing motor skills such as climbing, running, skipping, riding a tricycle, riding a bicycle, roller skating, etc.? _____
_____

Did he/she fall frequently?_____ Does he/she appear to be clumsy?_____
Which hand does he/she prefer to use?_____
Does he/she use this hand consistently?_____
At the present time, are there any difficulties with eating, sleeping or bladder control? _____
_____

Speech and Language Development (Birth to Preschool)

At what age did he/she use single words?_____ 3 or 4 word sentences?_____
Was early speech easily understood by the family?_____
Did he/she have difficulty understanding what was said to him/her?_____
Did he/she pay attention to what was said to him/her?_____
Was he/she able to follow oral instructions?_____
Did he/she recall and recount happenings?_____
Did he/she enjoy being read to?_____
Did he/she enjoy watching television?_____
Did he/she have difficulty correctly sequencing words in a sentence?_____
Did he/she have difficulty expressing his/her thoughts, ideas or feelings?_____
Did he/she ever become frustrated if others were unable to understand him/her?_____
Did he/she have difficulty using words correctly, such as verb tenses, plurals, pronoun usage, etc.?_____

Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form (page four)

Did he/she ever prefer to communicate by using gestures instead of speech?_____

In comparison to other children his/her age, do you feel vocabulary development was:
Limited_____ Normal_____ Advanced_____

Medical

Name of physician: _____

Were there any illnesses or injuries that were long term, traumatic or that required surgery? _____Yes _____No
If yes, Please describe: _____

_____

Is he/she on any type of medication? _____Yes _____No
If yes, what type and for what reason: _____

Has your child had any of the following diseases or disorders?
Frequent sore throats:_____
Frequent colds:_____
Allergies:_____
Asthma:_____
Frequent Headaches:_____
Convulsive Seizures:_____
Other (describe): _____

Is there a history of otitis media (middle ear infection)? _____Yes _____No
If yes, how frequent and age of occurrence: _____
Type of treatment for otitis media: _____

Describe general physical condition: _____

_____

Has his/her hearing ever been tested? _____Yes _____No. If yes, when?_____
Where:_____
Results: _____
Has his/her vision ever been tested? _____Yes _____No. If yes, when?_____
Where:_____
Results: _____

Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form (page five)

Education

Schools attended:

Place: _____ Grade: _____

_____ _____

_____ _____

Has he/she ever repeated a grade? _____Yes _____No. If yes, which? _____

How does the teacher describe your child's behavior in school? _____

_____

Does he/she like school?_____

Are any school subjects difficult for him/her? _____ Which ones: _____

What kind of grades does he/she receive? _____

Have grades changed significantly in his/her school history? ____Yes _____No

If yes, please explain: _____

_____

Has he/she ever received services in school (speech, resource, reading specialist, counselor)?_____

Please describe (grade and specific service): _____

_____

Has your child received educational support outside of school? ____Yes _____No

If yes, when:_____ Where: _____

Have there been previous educational/psychological evaluations of your child? ____Yes _____No

If yes, when:_____ Where: _____

Social and Emotional History

Does he/she get along well with brothers and sisters? _____Yes _____No

Does he/she prefer to play alone? _____Yes _____No

Does he/she prefer to play with younger children? _____Yes _____No

Does he/she prefer to play with older children? _____Yes _____No

Do older children seek him/her out to play? _____Yes _____No

Does he/she make friends easily? _____Yes _____No

Is he/her behavior consistent with his/her age? _____Yes _____No

Explain: _____

_____

Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

History Form (page six)

Check the following behaviors that are characteristics of your child:

_____ shy
_____ nervous
_____ fearful
_____ stubborn
_____ destructive
_____ nail biting
_____ staring spells
_____ thumb sucking
_____ frequent nightmares
_____ frequent crying
_____ frequent daydreaming
_____ rapid mood shifts
_____ excessive teasing
_____ short attention span
_____ provokes fights
_____ temper tantrums
_____ tics
_____ lying
_____ seeks continual approval
_____ overly active
_____ other (describe below

_____

_____

Describe any discipline problems with your child:_____

_____

_____

Who does the disciplining?_____

What type of discipline is used in the home? _____

What aspects of your child's personality do you consider strengths? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Olmos Speech Language and Learning Clinic

5800 Broadway, Suite 106 San Antonio, Texas 78209
(210) 828-5583

CONSENT FOR RELEASE OF INFORMATION

I, _____, on this day, _____
(Patient/Guardian) (Date)

authorize Olmos Speech, Language, and Learning Clinic to release and and/or obtain clinical

Information for _____as it relates to treatment, authorization
(Patient)

for treatment and for purposes of insurance reimbursement. I understand that this

may be shared with insurance companies, physician's offices, and/or other required

medical/educational offices as it relates to the treatment of the above patient.

CONSENT FOR TREATMENT

I, _____, on this day, _____
(Patient/Guardian) (Date)

authorize Olmos Speech, Language, and Learning Clinic to evaluate and/or provide speech

therapy treatment and services for _____.
(Patient)

Signature of Parent/Guardian: _____

Date: _____

Olmos Speech Language and Learning Clinic
5800 Broadway, Suite 106 San Antonio, Texas 78209
(210) 828-5583

BILLING POLICY AND PROCEDURES

BILLING AND PAYMENT

Billing invoices are sent out at the end of the month. Payment is due by the15th of the month. If payment is not received by the end of the month, a late fee of $25.00 will be assessed. If payment is not received after two months, therapy will be suspended. If you have an unpaid prior month balance, you will receive with your invoice, a second sheet labeled "Account Status". This second sheet will include your past due amount, your current billing charges (plus late fee) and will provide a total amount now due. If you do not have an unpaid balance, you will simply receive your current invoice.

CANCELLATION POLICY

Olmos Speech, Language and Learning is dedicated to providing quality services to our clients. We must stress that consistency of attendance is crucial in order for clients to effectively meet the goals of their treatment plan. In addition, therapy time is specifically reserved for your family and is unavailable for other clients. Planning for treatment is done for your child prior to your appointment.

Although we are sensitive to the needs faced by our clients, and understand sudden emergencies or illnesses can occur, it is necessary for us to enforce a cancellation policy. If circumstances require that you cancel an appointment, please notify our office 48 hours in advance. When a client does not appear for scheduled appointment, "No Show" is recorded on the billing statement. Only one "No Show" will be allowed without charge. Beginning with the second "No Show", the billing statement will reflect the full charge for the session. You may discuss sudden emergencies or illnesses with your therapist for possible exceptions.

INSURANCE

Many insurance companies provide coverage for speech and language. Olmos is currently only contracted with Humana-Military Tricare insurance; however, we encourage you to check your policy for this coverage. Therapy and evaluation fees are charged to the parent/guardian and payment for services are the responsibility of the parent/guardian. At the end of each month, you will be sent an insurance/billing statement documenting therapy dates and charges. You will file this statement with your insurance company. Reimbursement will be made directly to you. The final decision for reimbursement is determined by your insurance carrier.

Financial Responsibility

I hereby agree to accept full responsibility for all fees for services rendered to the patient by Olmos Speech, Language and Learning. I am also aware of the cancellation policy outlined in this document.

Signed: _____ Date: _____

Driver's License: _____

Please notify us of any questions you may have regarding our procedures.

****No diagnostic reports, information or copies of previous invoices will be forwarded until fees are paid in full.**