



# Holistic Kids, PLLC

## Speech & Language Services

Lucia Pasquel-Lefebvre, MA/CCC-SLP

Speech Pathologist

[www.holistickidspeech.com](http://www.holistickidspeech.com)

5015 Southpark Drive, Ste.240

Durham, Durham NC, 27713

[luciaplef@gmail.com](mailto:luciaplef@gmail.com)

### REGISTRATION FORM

Date:

Referred by:

<b>Child's Name:</b>		
<b>Birth date:</b>	<b>Age:</b>	<b>Grade:</b>
<b>School:</b>	<b>Teacher:</b>	<b>Extracurricular Activities:</b>
<b>Home Address:</b>	<b>Mother's Name:</b> <b>Mobile Phone:</b> <b>Email:</b>	<b>Occupation &amp; Employer:</b>
<b>Second Address:</b>	<b>Father's Name:</b> <b>Mobile Phone:</b> <b>Email:</b>	<b>Occupation &amp; Employer:</b>
<b>Pediatrician(s):</b>	<b>Dentist:</b>	
<b>Other services and/or therapies received (ex. OT, SPEECH, PT, PSYCH, Behavioral Intervention)</b>		
<b>Presenting Problems:</b>		
<b>Reason for Referral:</b>		



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### BACKGROUND HISTORY & FAMILY

<b>Sibling:</b>	<b>Age:</b>	<b>Sibling:</b>	<b>Age:</b>
<b>Sibling:</b>	<b>Age:</b>	<b>Sibling:</b>	<b>Age:</b>
<b>Other people living in the home:</b>			
<b>Languages spoken with child:</b>			
<b>Family speech/language/learning problems:</b>			
<b>Behavior problems:</b>			
<b>Does the child know if there is a problem?</b>		<b>When/How did he/she realize?</b>	
<b>Personality &amp; behavior:</b>		<b>Describe:</b>	
<b>Typical day &amp; typical week:</b>		<b>Describe</b>	
<b>Friendships?</b>		<b>Describe:</b>	
<b>Favorite toys/games/activities:</b>		<b>Explain:</b>	
<b>Dislikes:</b>		<b>Explain:</b>	
<b>Emotional maturity:</b>		<b>Explain:</b>	



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### CONCERNS

<b>What are your greatest concerns at this time and what do you see your role is in helping your child?</b>	
<b>What therapeutic method/behavior/ have worked best with your child?</b>	
<b>How do you manage your child's problem?</b>	
<b>Are you currently seeking any other programs or assistance for your child? Please list all alternative therapies, doctors, etc.:</b>	

### EDUCATION

<b>List the child's educational history:</b>	
<b>Does he/she have an IEP/IFSP?</b>	
<b>What is school/program performance like?</b>	



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### MEDICAL & DEVELOPMENTAL HISTORY

Describe any hospitalizations, ER visits, past and present treatment & medications:	
Place and hospital of birth:	
<u>Relevant birth history:</u>  ___ C-section  ___ Premature  ___ Natural birth    Full term ___	Complications, please explain:
Difficulties with feeding?	___ Breast fed  ___ Bottle fed  ___ Pacifier
Do you have any feeding concerns?	Explain:
Feeds self?	___ Spoon/Fork    ___ Bottle    ___ Sippy ___ Straw    ___ Cup    ___ Pacifier
Food allergies, special diets, Reflux, etc.:	Explain:



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### MILESTONES: (Please fill out only if child is under 5 years old or under)

Age turned back to tummy:	Spent time on tummy:
Age sat up:	Age crawled: How well?
Age stood up:	Age walked: How well?
Age began running:	Catch/kick a ball:
Jumping off both feet:	Toilet trained:
Jumping off chair, wall:	Dresses self:
Independent self-help:	Ties shoes:
Writes:	Reads:

### SPEECH/LANGUAGE/ MOTOR HISTORY      YES or NO

Made sounds in the first 6 months?	Turn towards people speaking:	Imitated sounds by 9-12 months:	Looked at a speaker's face:
Point to request and/or comment:	Follow a person's gaze:	Combining 2-3 words:	Speaking in complex sentences:
Vocabulary of 10-20 words:	Vocabulary of 20-50 words:	Vocabulary of 20-50 words:	Vocabulary of over 100 words:



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<b>Describe your child's language &amp; speech now:</b>	
<b>How does your child get his/her needs met?</b>	
<b>How does he/she communicate at home, school, etc.?</b>	
<b>When did you become concerned about your child's language?</b>	
<b>Speech is _____% understandable by strangers.</b> <b>Understood by family only:</b> <b>Speech is not understandable:</b>	<b>Explain:</b>
<b>EXPRESSION:</b> <b>communicates with gestures:</b> <b>single words:</b> <b>mostly short phrases:</b> <b>uses pictures/AAC device:</b> <b>doesn't communicate:</b>	<b>COMPREHENSION:</b> <b>responds to instructions:</b> <b>understands stories:</b> <b>understands questions:</b> <b>sits and listens:</b>
<b>CONVERSATION</b> <b>At complex level:</b> <b>Tells clear stories:</b>	<b>SOCIAL SKILLS</b> <b>appropriate for age:</b> <b>has friends:</b>



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<b>Vague:</b>	<b>awkward:</b>
<b>Inconsistently clear:</b>	<b>understands social norms:</b>
<b>Forgets words:</b>	<b>participates in games:</b>

**My child is:** *(highlight all that apply)*

<b>active</b>	<b>impulsive</b>	<b>clumsy</b>	<b>caring</b>
<b>passive</b>	<b>stubborn</b>	<b>anxious</b>	<b>aloof</b>
<b>friendly</b>	<b>discoordinated</b>	<b>hard worker</b>	<b>hyper</b>

<b>Describe your concerns and desired outcomes.</b>	
<b>Are you satisfied with the services your child is currently receiving?</b>	
<b>What do you hope to accomplish through private therapy?</b>	
<b>Does your child NEED support services such as Occupational therapy, Physical therapy, Neuropsychology, Behavior, Counseling/Mental Health?</b>	<b>Describe:</b>



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<b>Why are you seeking private therapy?</b>	
<b>Other concerns:</b>	<b>Explain:</b>