



# 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

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



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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

<b>Describe any hospitalizations, ER visits, past and present treatment &amp; medications:</b>	
<b>Place and hospital of birth:</b>	
<b><u>Relevant birth history:</u></b>  ___ C-section  ___ Premature  ___ Natural birth    Full term ___	<b>Complications, please explain:</b>
<b>Difficulties with feeding?</b>    <b>Describe chewing skills:</b>	___ Breast fed  ___ Bottle fed  ___ Pacifier
<b>Do you have any feeding concerns?</b>   <b>What does your child eat?</b>	<b>Explain:</b>
<b>Feeds self?</b>	___ Spoon/Fork    ___ Bottle    ___ Sippy ___ Straw    ___ Cup    ___ Pacifier



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<b>Food allergies, special diets, Reflux, etc.:</b>	<b>Explain:</b>
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### MILESTONES:

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

**Explain any challenges with gross or fine motor development:**



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### SPEECH/LANGUAGE/ MOTOR HISTORY (answer 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:

Describe your child's language & speech now:	
How does your child get his/her needs met?	
How does he/she communicate at home, school, etc.?	
When did you become concerned about your child's language?	
Speech is _____% understandable by strangers.  Understood by family only:  Speech is not understandable:	Explain:



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<p><b>EXPRESSION:</b></p> <p>communicates with gestures:</p> <p>single words:</p> <p>mostly short phrases:</p> <p>uses pictures/AAC device:</p> <p>doesn't communicate:</p>	<p><b>COMPREHENSION:</b></p> <p>responds to instructions:</p> <p>understands stories:</p> <p>understands questions:</p> <p>sits and listens:</p>
<p><b>CONVERSATION</b></p> <p>At complex level:</p> <p>Tells clear stories:</p> <p>Vague:</p> <p>Inconsistently clear:</p> <p>Forgets words:</p>	<p><b>SOCIAL SKILLS</b></p> <p>appropriate for age:</p> <p>has friends:</p> <p>awkward:</p> <p>understands social norms:</p> <p>participates in games:</p>

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

active	impulsive	clumsy	caring
passive	stubborn	anxious	aloof
friendly	discoordinated	hard worker	hyper



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<b>Describe your concerns and desired outcomes.</b>	
<b>Are you satisfied with the services your child is currently receiving?</b>	<b>Explain:</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, Behavior therapy, Counseling/Mental Health?</b>	<b>Describe:</b>
<b>Why are you seeking private therapy?</b>	<b>Results of previous private therapy:</b>
<b>Previous private therapy:</b>	
<b>Other concerns:</b>	<b>Explain:</b>

**Any other relevant information you wish to share:**