Purvi Gandhi, M.A., CCC-SLP, TSSLD
Certified Speech-Language Pathologist
127 South Street, Oyster Bay, NY 11771
(917) 860-3373
License# 016449-1

Patient Form

Patient Information:

Name of the Patient: _____

Address: _____

_____

Telephone: _____

E-mail: _____

Gender: _____ **Date of Birth:** _____

Occupation: _____

Employer/School Name: _____

Grade: _____ **Teacher's name:** _____

Emergency Contact Information:

Name: _____ **Telephone**: _____

Name: _____ **Telephone**: _____

Medical History:

Primary reason for visit: _____

Secondary reason: _____

Current health status: _____

Medications/ Previous therapy: _____

_____

H/O seizures: _____

Allergies: _____

_____

Any surgeries/ medical concerns: _____

_____

Birth History:

Delivery: _____

Miscarriages: _____

Birthing complications: _____

Family History:

Speech/ Language delays or disorders:

_____

_____

Developmental History:

Speech milestones: _____

Motor milestones: _____

Learning challenges: _____

_____

Feeding History:

Picky eater/ texture/ consistency difficulty: _____

_____

Food preferences: _____

_____

Delays: _____

_____

Drooling/liquid control: _____

Oral-facial History:

Tone and strength of muscles: _____

Tongue-tie: _____

Bite issues: _____

Social History:

Interaction with peers in school: _____

_____

Interaction with siblings and family members: _____

_____

Hearing History:

Test results: _____

_____

Visual History:

Visual acuity: _____

Reading difficulties: _____

Wearing glasses/ contact lenses: _____

Any other major concerns:

_____

_____

_____

_____

Enter today's date here

_____

Signature/Date

_____

Print Name