The Gift of Speech

Flex Group Application

Patient Identification

Child's Full Name: _____ Today's Date: _____

Child's Age: _____ Birth Date: ____/____/____ Place of Birth: _____

Language Spoken at Home: ☐ English ☐ Other: _____

Child's Home Address: _____

_____

Home: Phone: (_____) _____ e-mail: _____ Other contact: _____
Mother: Home:(_____) _____ Work: (_____) _____ Cell: (_____) _____
Father: Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Biological Parents:

Mother: Name: _____ Occupation: _____

Father: Name: _____ Occupation: _____

Step Parents (if applicable):

Mother: Name: _____ Occupation: _____

Father: Name: _____ Occupation: _____

The child lives with:
- ☐ Both Biological/Adoptive Parents
- ☐ Single Parent: Please Note: ☐ Mother or ☐ Father
- ☐ Mother and step-father
- ☐ Father and step-mother
- ☐ Equal time with separated/divorced parents
- ☐ Other: _____

Current marital status of biological parents:

Married ☐ How long: _____
Separated ☐ How long: _____
Divorced ☐ How long: _____
Other ☐ Describe: _____

Is child legally adopted? ☐ No ☐ Yes If yes: Age at adoption: _____

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Parents' education (Highest level completed): **Mother** **Father**

1. Some school but less than completion of high school ☐ ☐
2. Up to high school diploma or equivalent (GED) ☐ ☐
3. Technical/trade school or some college ☐ ☐
4. College graduate or equivalent (B.A., B.S.) ☐ ☐
5. Post graduate/Professional degree (M.A., Ph.D., M.D.) ☐ ☐

Child's siblings (list names and ages)

Full brother: names/ages: _____

Full sisters: names/ages: _____

Half/step siblings: names/ages: _____

Child's Current School: ☐ Public ☐ Private ☐ Home Schooled ☐ Other: _____

Name of school: _____

Address: _____

Phone: (___)_____ Teacher: _____ Grade: _____
(Counselor or homeroom teacher in no primary)

How many years at current school: _____

School History

Has your child:	**Currently**	**In the Past**
1. Had an Individualized Education Plan (IEP)?	☐	☐
2. Had a 504 or other accommodations?	☐	☐
3. Attended resource, remedial, or special education classes?	☐	☐
4. Ever repeated or failed a grade?	☐	☐
5. Had difficulty making/keeping friends?	☐	☐
6. Had behavioral problems in school?	☐	☐
7. Been suspended or expelled from school?	☐	☐

What is your child's current school performance:

☐ Failing ☐ Below Average ☐ Average ☐ Above Average

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Developmental History

When did your child:

Say his/her first words: _____
Put two or more words together: _____
Take his/her first steps: _____
First become toilet trained: _____

Mental Health Problems	**Age**	**Who Diagnosed?**	**Treatment Received?**
☐ OCD	____	_____	_____
☐ Tourette/Other Tic Disorder	____	_____	_____
☐ Anxiety Disorder	____	_____	_____
☐ ADHD	____	_____	_____
☐ Depression	____	_____	_____
☐ Bipolar Disorder	____	_____	_____
☐ Eating Disorder	____	_____	_____
☐ Asperger's/Autism	____	_____	_____
☐ Intellectually Disabled	____	_____	_____
☐ Posttraumatic Stress Disorder	____	_____	_____
☐ Psychotic Disorder	____	_____	_____
☐ Substance Abuse	____	_____	_____
☐ Learning Disorder	____	_____	_____
☐ Other	____	_____	_____

Has your child ever have thoughts of wanting to hurt himself/herself? ☐ Yes ☐ No

Medical History (type and date):

Allergies _____
Significant illnesses _____
Significant injuries _____

Significant operations/medical procedures/hospitalizations: _____

_____

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Medication History:

Medication	**Start Date**	**End Date** (if applicable)	**Current/Final Dose**	**How Effective? Any Side Effects?**

Has your child ever had legal problems? ☐ No ☐ Yes, please describe: _____

Family history of psychiatric/emotional problems:

☐ Anxiety Disorder ☐ ADHD ☐ Depression
☐ Bipolar Disorder ☐ Eating Disorder ☐ OCD
☐ Asperger's/Autism ☐ Intellectual Disability ☐ Tourette/Other Tic Disorder
☐ Posttraumatic Stress ☐ Psychotic Disorder ☐ Substance Abuse
☐ Learning Disorder ☐ Other: _____

Child's Name: _____ **Date:** _____

Completed by: ☐ Mother ☐ Father ☐ Other _____

Please rate your child's behavior below. Please note: If your child is currently taking medication, please answer the questions below according to your child's behavior when they are off the medication.

SNAP-IV Rating Scale
James M. Swanson, Ph.D

Check the column which best describes this child:	**Note at All**	**Just a Little**	**Pretty Much**	**Very Much**
1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.				
2. Often has difficulty sustaining attention to tasks or play activities.				
3. Often does not seem to listen when spoken to directly.				
4. Often does not follow through on instructions and fails to finish Schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).				
5. Often has difficulty organizing tasks and activities.				
6. Often avoids, dislikes, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework)				
7. Often loses things necessary far tasks or activities (e.g., school assignments, pencils, books, tools, or toys).				
8. Is often easily distracted by extraneous stimuli.				
9. Often forgetful in daily activities.				

1. Often fidgets with hands or feet, squirms in seat.				
2. Often leaves seat in classroom or in other situations in which remaining seated is expected.				
3. Often runs about or climbs excessively in situations where it is inappropriate.				
4. Often has difficulty playing or engaging in leisure activities quietly.				
5. Is always "on the go" or acts if "driven by a motor".				
6. Often talks excessively.				
7. Often blurts out answers to questions before the questions have been completed.				
8. Often has difficulty awaiting turn.				
9. Often interrupts or intrudes on others (e.g., butts into other's conversations or games).				

1. Often loses temper.				
2. Often argues with adults.				
3. Often actively defies or refuses adult requests or rules.				
4. Often deliberately does things that annoy other people.				
5. Often blames others for his or her mistakes or misbehavior.				
6. Often touchy or easily annoyed by others.				
7. Is often angry and resentful.				
8. Is often spiteful or vindictive.				

Office Use Only:

Total item ratings =	_____/9	_____/9	_____/8
Avg rating per item =	_____	_____	_____