

Diagnostic Interview Form

Patient: _____ Age: _____

Diagnosis: _____ Date: _____

Informant: _____ Clinician: _____

Family Background Information: Parents' occupations? Who is the primary caregiver?

Cleft information:

Cleft lip and palate Cleft palate (check one)

Surgeries: Lip repaired? If so, Date of surgery:

Palate repaired? If so, Date of surgery:

General Health:

How is your child's general health? Good Fair Poor (check one)

What is your child's Height Weight

How is your child's eating? Any nasal regurgitation?

What illnesses has your child had?

Illness	Approximate date of onset	Duration
EXAMPLE Ear ache	5/01; 9/01; 5/02	about 2 weeks each

Hearing: Has your child had tubes placed in the ears?

If so, when?

Does your child have difficulty hearing now?

Receptive Language: How well does he/she understand instructions?

Expressive Language: How well does your child communicate? Please give examples of your child's typical utterances.

Speech: How well do you and others understand your child's speech? What sounds are particularly difficult for him/her?

Play: What does your child do when he/she plays? What games does your child like to play with you and other children?

Social Adjustment: How does your child get along with others? Is your child teased? If so, please describe.

Motor Skills: Please describe your child's

-walking

-running

-ability to manipulate large and small objects

Academics: How is your child doing in school? Are there subjects that your child likes most? Least?

Particular Concerns: If you were granted 3 wishes, what would they be?

Patient's wishes:

Family's wishes: