Children's
Speech & Language Services

CASE HISTORY FORM
SPEECH, LANGUAGE AND HEARING DEVELOPMENT

Date _____

Child's Name _____
Last **First** **Middle** **Nickname**

Birthdate _____
Parent's Names _____
Parent's Address _____
_____**Zip**_____

Home Phone Number _____ **Work** _____

Cell phone _____**e-mail** _____
Insurance Company _____ **Policy No.** _____
Mother's Employer: _____
Father's Employer: _____
Your relationship to patient _____
Person who recommended our services to you _____
Name of Pediatrician _____
Primary reason for bringing your child for this evaluation:_____
_____

I	Birth and Developmental History	Yes	No
	A. Pregnancy		
	1. Was mother's condition during pregnancy good to excellent?	___	___
	2. Were medications taken during pregnancy?	___	___
	3. Were there any illnesses or complications during pregnancy? If yes, please give brief description. _____	___	___
	4. Was baby born at term (due date) or within two weeks before or after due date?	___	___
	5. What was birth weight? _____		
	6. Was the child adopted?	___	___
	7. Child has no known allergies?	___	___

8. List any known food, medication or environmental allergies:
_____
_____

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B. Labor and Delivery **Yes** **No**

1. **Were labor and delivery normal?** ___ ___
2. **Was labor induced?** ___ ___
3. **Was there evidence of injury or poor health at birth?** ___ ___
4. **During the first month of life, was child's health good to excellent?** ___ ___

C. Infancy and Early Childhood

1. **Were there any feeding problems?** ___ ___
2. **Was the baby of average activity level?** ___ ___

II. Medical History

1. **Circle diseases child has had; note ages, severity, whether accompanied by high fever, and the effects:**

Disease	Age	Severity & Effects	High Fever?
Mumps			
Measles			
Chicken Pox			
Chronic Colds			
Tonsillitis			
Middle Ear Infections			
Allergies			
(Hay fever, asthma)			
Spasms, Convulsions			
Other			

List Injuries and/or Operations	Age	Severity	Hospitalized?

Yes **No**

2. **Is medication taken regularly for any reason?** ___ ___
   If so, what? _____
   Was development of teeth normal? ___ ___

3. **Please elaborate on the frequency of middle ear infections and their severity. Were antibiotics effective in treating the problem?**

_____

_____

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III Social and Emotional Development

1. **If your child exhibits or has exhibited the following behaviors, please Indicate age at occurrence and whether you have attempted to deal with it:**

Behavior	Age (from) Age (to)	Attempted to Alter these? (yes/no)
Shyness		
Thumb Sucking		
Difficulty Separating from Parents		

Behavior	Age (from) Age (to)	Attempted to Alter these? (yes/no)
Face Twitching		
Strong Fears/Nightmares		
Temper Tantrums		
Sleeplessness		
Nervousness		
Difficulty Sitting Still		
Inability to Stay with One Activity Until Completion		
Negative Behaviors		
Bedwetting		

	Yes	No
2. Does the child have the opportunity to play with other children his age?	___	___
3. If so, does he play with them?	___	___
4. Does he play with younger children?	___	___
5. Does he play with older children?	___	___
6. Are you ever concerned because he doesn't play well with other children?	___	___

7. **What type of activity does your child prefer?** _____
   _____

8. **Primary type of discipline: spanking ___; isolation ___ (sending to room); verbal reasoning ___; other** _____
   _____

9. **Do you feel that your approach to discipline is effective?** ___ ___

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IV. Motor Development

1. Please indicate age when the following skills were first preformed:

Skill	Age	Skill	Age
Creeping		Holding Cup	
Crawling		Using Spoon	
Sitting Unassisted		Using Fork	
Walking		Using Crayons	
Hopping		Using Scissors	
Skipping			

	Yes	No	?
2. Has the child established handedness? If so, which hand? _____	___	___	___
3. Indicate age when voluntary bladder control was achieved? _____ Bowel control? _____			
4. Was there any difficulty in toilet training?	___	___	___

V. Speech and Language Development and Behavior

1. At what age did he/she babble? _____
Imitate words? _____
Use his first word meaningfully? _____
Put words together? _____

2. Did speech and language skills seem to develop normally and then stop or regress?	___	___	___
3. Does he understand what is said to him?	___	___	___
4. Does he follow spoken directions?	___	___	___

5. Does he talk in (check all that apply): single words ___; phrases ___; complete but grammatically incorrect sentences ___; complete, grammatically correct sentences ___; other _____.

6. Does he retell stories or experiences that can be understood?	___	___	___
7. Does he often hesitate and/or repeat sounds and words?	___	___	___

8. Is his speech: too fast ___; too slow___; average ___?
9. Is his voice: too soft ___; too loud ___; average loudness ___; hoarse ___; nasal ___; denasal (stuffed as during a cold____; other ___.

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10. Has he ever had speech or language therapy: ___ ___
yes no

By whom? _____
Where?
_____
Dates? _____

VI. Auditory / Sensory Behaviors

1. Does your child seem to have a hearing difficulty? ___ ___
yes no

2. Is he inconsistent in his response to sounds and voices? ___ ___
yes no

3. Is your child overly sensitive to noise? touch? ___ ___
yes no

VII. Environmental History

Names of Siblings **Birth Dates**

_____
_____
_____

Others in the Home _____
_____

Primary language used at home by mother:_____ father:_____

Briefly describe daily environment. Does your child attend day care or have a primary care provider who has English as a second language? If so, what language is spoken?

_____
_____

Have any other family member or relatives had the following difficulties?

Difficulty	Yes	No	Relationship to Child
Speech or Language Problem			
Hearing Problem			
Learning Disability			
Reading Problem			
Emotional Problems			
Mental Problems			

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VIII. School History

1. **Schools Attended** **Grade Level** **Dates**

_____

_____

_____

2. **Does his schoolwork seem inadequate in any areas?** ___ ___
   yes no

   If so, in what areas? _____

3. **Please indicate present school hours**
   Days of the week in attendance

IX. Other Evaluations

Has your child been seen by any other specialists? ___ ___
yes no

Who? **Where? (Please list)**

_____

_____

_____

_____

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