SPEECH-LANGUAGE-HEARING CASE HISTORY FORM

Identifying and Family Information:

Child's Name: _____ Birthdate: _____ Sex: ☐ M ☐ F

Parent/Caregiver 1: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

_____ E-mail: _____

_____

Parent/Caregiver 2: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

_____ E-mail: _____

_____

Doctor's Name: _____ Doctor's Phone: _____

Child lives with (check one):

☐ Birth Parents ☐ Foster Parents ☐ One Parent

☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other _____

Family Background:

Marital Status: ○ Single ○ Married ○ Divorced ○ Separated ○ Windowed

Other children in the family:

Name	Age	Sex	Speech/Hearing Problems

Child's race/ethnic group:

☐ Caucasian, Non-Hispanic ☐ Hispanic ☐ African-American

☐ Native American ☐ Asian or Pacific Islander ☐ Other _____

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one? _____

Does the child speak the language? ☐ Yes ☐ No

Does the child understand the language? ☐ Yes ☐ No

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

Speech-Language-Hearing

Do you feel your child has a speech problem? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

Has he/she ever had a speech evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has he/she ever had a hearing evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has your child ever had speech therapy? ☐ Yes ☐ No

If yes, where and when? _____

What was he/she working on? _____

_____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ☐ Yes ☐ No

If yes, please describe._____

_____

_____

_____

Is your child aware of, or frustrated by, any speech/language difficulties?_____

_____

What do you see as your child's most difficult problem in the home? _____

_____

What do you see as your child's most difficult problem in school?_____

_____

Prenatal/Birth History

Was there anything unusual about the pregnancy or birth? ❑ Yes ❑ No

If yes, please describe. _____

_____

_____

How old was the mother when the child was born? _____

Was the mother sick during the pregnancy? ❑ Yes ❑ No

If yes, please describe. _____

_____

How many months was the pregnancy?_____

Did the child go home with his/her mother from the hospital? ❑ Yes ❑ No

If child stayed at the hospital, please describe why and how long. _____

_____

_____

Check any items that apply regarding the birth of child:

During Pregnancy:

☐ Drug Use ☐ Alcohol Use ☐ Smoking ☐ Trauma/Injuries ☐ Significant Illness
☐ High Blood Pressure ☐ Hospitalization

Labor & Delivery:

Birth Weight: _____ lbs _____ ounces Term: ☐ Full Term ☐ Premature: ____ weeks

Type of Delivery: ☐ Normal ☐ Breech ☐ Caesarian ☐ Instrumental

Complications After Birth:

☐ Difficulty Breathing ☐ Difficulty sucking ☐ Difficulty Feeding ☐ Seizures
☐ Jaundice ☐ HIV ☐ Sepsis ☐ Extended Hospital Stay - how long? _____

Medical History

Has your child had any of the following?

- ❑ adenoidectomy
- ❑ allergies
- ❑ asthma
- ❑ brain injury
- ❑ breathing difficulties
- ❑ chicken pox
- ❑ colds
- ❑ ear infections
  How often?_____
- ❑ ear tubes
  IF YES
  When?_____
  Which ear?_____
- ❑ encephalitis
- ❑ flu
- ❑ head injury
- ❑ high fevers
- ❑ measles
- ❑ meningitis
- ❑ mumps
- ❑ scarlet fever
- ❑ seizures
- ❑ sinusitis
- ❑ sleeping difficulties
- ❑ tonsillectomy
- ❑ tonsillitis
- ❑ vision problems

Other serious injury/surgery: _____

Is your child currently (or recently) under a physician's care? ❑ Yes ❑ No

If yes, why?_____

_____

Please list any medications your child takes regularly: _____

_____

_____

Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

- _____ sat alone
- _____ crawled
- _____ stood alone
- _____ walked
- _____ babbled
- _____ said first words
- _____ combined words
- _____ used short sentences
- _____ grasped crayon/pencil
- _____ fed self
- _____ toilet trained
- _____ dressed self

Does your child...

- ❑ choke on liquids?
- ❑ choke on food?
- ❑ avoid food?
- ❑ follow a special diet?
- ❑ put toys/objects in his/her mouth?
- ❑ brush his/her teeth and/or allow brushing?
- ❑ use a pacifier?
- ❑ drool excessively?
- ❑ suck finger/thumb?

If under 4 years of age, how many words does the child say:
☐ 0-20 ☐ 21-50 ☐ 51-100 ☐ 101-150 ☐ 151-300 ☐ 301-500 ☐

Does the child spontaneously produce sentences of the following length:
☐ 2 words ☐ 3 words ☐ 4 words ☐ 5+ words

What percentage of the child's speech do you understand? _____%
How well do people outside of the family understand their speech? _____%

Current Speech-Language-Hearing

Does your child...

- ☐ repeat sounds, words or phrases over and over?
- ☐ understand what you are saying?
- ☐ retrieve/point to common objects upon request (ball, cup, shoe)?
- ☐ follow simple directions ("Shut the door" or "Get your shoes")?
- ☐ respond correctly to yes/no questions?
- ☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- ☐ body language.
- ☐ sounds (vowels, grunting).
- ☐ words (shoe, doggy, up).
- ☐ 2 to 4 word sentences.
- ☐ sentences longer than four words.
- ☐ other _____.

Behavioral Characteristics:

- ☐ cooperative
- ☐ attentive
- ☐ willing to try new activities
- ☐ plays alone for reasonable length of time
- ☐ separation difficulties
- ☐ easily frustrated/impulsive
- ☐ stubborn
- ☐ restless
- ☐ poor eye contact
- ☐ easily distracted/short attention
- ☐ destructive/aggressive
- ☐ withdrawn
- ☐ inappropriate behavior
- ☐ self-abusive behavior

School History

If your child is in daycare/school, please answer the following:

Name of daycare/school and grade in school: _____
_____

Teacher's name: _____
_____

Has your child repeated a grade? _____
_____

What are your child's strengths and/or best subjects? _____
_____

Is your child having difficulty with any subjects? _____
_____

Is your child receiving help in any subjects? _____
_____

Is your child currently receiving any (ST, OT, PT) therapy services? _____
_____

Additional Comments

_____
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