SPEECH-LANGUAGE-HEARING CASE HISTORY FORM

IDENTIFYING AND FAMILY INFORMATION

Child's Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

_____

Mother's Name: _____ Address: _____

_____ _____

Daytime Phone: _____ Home: _____ Cell: _____

E-Mail: _____

Father's Name: _____ Address: _____

_____ _____

Daytime Phone: _____ Home: _____ Cell: _____

E-Mail: _____

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

Child lives with:

☐ Birth Parents ☐ Foster Parents ☐ One Parent
☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other _____

Other Children in Family:

Name	Age	Sex	Grade	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 your child ever had a speech evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

Has your child 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 (e.g. physical therapy, counseling, occupational therapy, vision)? ☐ 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? _____

_____

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 the child stayed at the hospital, please describe why and how long he/she stayed: _____

_____

MEDICAL HISTORY

Has your child ever had any of the following?

- ☐ adenoidectomy
- ☐ allergies
- ☐ breathing difficulties
- ☐ chicken pox
- ☐ colds
- ☐ ear infections
  How Often? _____
- ☐ ear tubes
- ☐ encephalitis
- ☐ flu
- ☐ head injury
- ☐ high fevers
- ☐ measles
- ☐ meningitis
- ☐ mumps
- ☐ scarlet fever
- ☐ seizures
- ☐ sinusitis
- ☐ sleeping difficulties
- ☐ thumb/finger sucking habit
- ☐ 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
_____ babbled
_____ put two words together
_____ walked
_____ grasped crayon/pencil
_____ said first words
_____ spoke in short sentences
_____ toilet trained

Does your child:

- ☐ choke on food or liquids?
- ☐ currently put toys/objects in his/her mouth
- ☐ brush his/her teeth and/or allow brushing?

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 (e.g. ball, cup, shoe)?
- ☐ follow simple directions (e.g. "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 (e.g. vowels, grunting)
- ☐ words (e.g. shoes, 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 school, please answer the following:

Name of 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? _____

ADDITIONAL COMMENTS

_____

_____

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