SPEECH AND HEARING CLINIC

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Date_____

CHILD CASE HISTORY FORM
(Speech-Language Pathology)

Childs Name _____Birthdate _____
Male_____ Female _____
Address_____
city state zip code
Home Phone _____Cell_____ Work_____
E-mail_____
Child's School_____Grade_____
Child's Doctor_____

Persons Living in the Home:

	Name	Age	Sex	Grade Reached	Employer
Father					
Mother					
Others					

_____
_____

A. Background Information

1. Who referred you to this Center? _____
2. Briefly describe the child's communication problem:
   _____
   _____
3. Describe previous treatment if any, for the problem:
   _____
4. Languages spoken in the home:
   _____
5. Check any of the following services which the child has received:

☐ speech/language evaluation	☐ neurological evaluation	☐ special education
☐ speech/language therapy	☐ genetic evaluation	☐ EMR crass
☐ Hearing evaluation	☐ occupational Therapy	☐ TMR class
☐ Auditory processing evaluation	☐ physical therapy	☐ EEH class
☐ Psychological testing	☐ academic tutoring	☐ LD class
☐ Hearing impaired	☐ homebound	

B. Pregnancy and Birth Information

1. Any unusual illness during pregnancy _____
(Measles, Rh blood factor$_1$ diabetes, high blood pressure)
2. Any history of maternal use of alcohol and/or drugs _____
3. History of miscarriage: ◯ yes ◯ no How many_____
4. Length of pregnancy: _____months 5. Length of labor: _____hours 6. Birth weight: _____
7. Child's condition at birth: _____First APGAR: _____ Second APOAR: _____
8. Length of hospital stay after delivery: _____

Check any which apply:

☐ breech birth	☐ C-section	☐ instruments used	☐ trouble breathing
☐ incubator used	☐ scars/bruises	☐ respirator used	☐ unusual color

C. Developmental Information: List age at which the child achieved the following skills:

Sat alone _____ Fed self _____ Physical condition has been:
Crawled _____ Toilet trained_____ ○ fast ⊙ slow ○ average
Walked unaided_____ Dressed self_____

D Medical Information: Check any illnesses/conditions child has had:

☐ Coordination problems	☐ Ear infections/aches	☐ Tongue thrust
☐ Swallowing difficulty	☐ Frequent colds	☐ Cerebral palsy
☐ Feeding problems	☐ Convulsions/seizures	☐ Cleft palate
☐ Eye problems	☐ High fevers	☐ Mental retardation
☐ Allergies – List_____	☐ Tonsillitis	☐ Autism
_____	☐ Dental problems	☐ Brain injury

Describe any serious illnesses/accidents/surgery:
_____
_____
List medications child takes regularly: _____

E. Speech and Language Information

I. Did child smile and cry appropriately as an infant? _____
2. At what age did child use single words? _____
3. At what age were you first concerned about the child's communication? _____
4. Do any family members have speech and/or hearing problems? ☐ Yes ☐ No
   if so, describe _____
5. Is there a history of mental retardation in your family? ☐ Yes ☐ No
6. Is the child aware of his/her communication problem? ☐ Yes ☐ No
7. Do you think the child is behind in other areas? ☐ Yes ☐ No
   If yes, describe. _____
8. Can the child be understood by others? ☐ Yes ☐ No ☐ Sometimes
9. Does the child have a hearing problem? ☐ Yes ☐ No Has child's hearing been tested? _____
10. Does the child wear a hearing aid? ☐ Yes ☐ No
11. Check any of the following which apply to the child:

☐ Poor comprehension	☐ Uses incorrect/immature grammar	☐ Talks too rapidly
☐ Cannot follow directions	☐ Uses gestures rather than speech	☐ Talks too slowly
☐ Leaves out words in sent.	☐ Pronounces sounds incorrectly	☐ Voice sounds hoarse
☐ Reverses order of words	☐ Repeats or hesitates when talking	☐ Voice sounds nasal
☐ Talks very little	☐ Stutters or stammers	☐ Voice sounds "stopped up"

F. Educational Information (if applicable)

1. Has the child ever repeated a grade? _____
If so, what grade and why? If so, describe._____
2. Has the child ever received any special help at school? _____
3. Does the child like school? _____
4. What are his/her best subjects?
_____
5. Please indicate those subjects the child is having the most difficulty with._____
6. Has the child been a behavioral problem at school? _____
If so, describe_____
7. Have any of the child's teachers ever requested that his/her hearing, vision or speech be tested? _____
8. Does the child have problems paying attention and following directions in the classroom? _____
9. Has the child ever been involved with alcohol and/or drugs? _____
If so, describe. _____

10. Is there any history of learning problems in the family? _____

G. Behavioral Information: Check any of the following that relate to the child's behavior.

☐ Nervous or sensitive	☐ Short attention	☐ Withdrawn
☐ Temper tantrums	☐ Cries easily	☐ In "own world"
☐ Restless sleeper	☐ Behavior problem	☐ Shy
☐ Demands attention	☐ Slow learner	☐ Overly active
☐ Aggressive	☐ Unusual fears	☐ Thumb sucker
☐ Prefers to play alone	☐ Overly talkative	☐ Wets bed
☐ Does not separate from parent		

Additional comments:

_____

_____

Signature of person completing form