Case History Form

Person completing this form: ____ Date:_______________
Relationship to child: ____
Insurance carrier: _________________________________Referral Source:________________________

PATIENT INFORMATION

Child's name: ____________________________________ Date of Birth:___________________
Address:____
Male / Female Age:________ Grade:____________

FAMILY INFORMATION

Mother's name:___________________________________ Date of Birth:__________________
Occupation:________________________________ Work phone:_________________________
Address: ____
Father's name:___________________________________ Date of Birth:__________________
Occupation:________________________________ Work Phone:_________________________
Address: ____
Sibling(s): __________________________ Age:_______________
__________________________ Age:_______________
__________________________ Age:_______________
__________________________ Age:_______________
__________________________ Age:_______________
__________________________ Age:_______________

AREA OF CONCERN

Please describe the areas you are concerned with:
____
____
____
When was the problem first noticed? ____
By whom was the problem first noticed? ____
Has your child received any previous help for the areas of concern? YES / NO (If yes, please list the type of help, dates of service, and the name of the professional or agency involved.)
1) ____
2) ____
3) ____
4) ____
Name of your child's pediatrician: ____
Address of the pediatrician: ____
Has your child been diagnosed by a Doctor, Psychologist or Developmental pediatrician? If yes, what was the
diagnosis?____
Are there any family members or relatives who have or have had speech, language, voice, hearing, reading or writing difficulties? YES / NO (If yes please provide additional information)
____
____

SPEECH DEVELOPMENT

How much of your child's speech do you understand?

10% 25% 50% 75% 100%

How much of your child's speech do unfamiliar listeners understand?

10% 25% 50% 75% 100%

Does a parent need to interpret for others? YES / NO (If your answer is "yes" please provide further explanation)

____

Does your child grope for words or use the wrong word? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

____

Does your child repeat sounds or words previously heard? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

____

____

Does your child's voice have a nasal or harsh quality? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

____

____

Does your child seem to have adequate hearing? YES / NO (If your answer is "no" please provide further explanation of his/her behavior)

____

____

Medical History:
Has your child's hearing ever been tested? YES / NO If so where? ______________________________
When? ___________________ Results of test: ____
Please describe any serious illnesses, injuries or physical problems your child has experienced:
____
____
____
Does your child have any allergies? YES / NO (If your answer is "yes" please list all allergies)
____
____
Does your child take any medications? YES / NO (If your answer is "yes" please list all medications)
____
____
Has your child ever been hospitalized? YES / NO (If your answer is "yes" please provide further explanation)
____
____

Does your child take any medications? YES / NO (If your answer is "yes" please list all medications)
____
____
Has your child ever been hospitalized? YES / NO (If your answer is "yes" please provide further explanation)
____
____

EDUCATIONAL HISTORY
Name of school your child is attending? ____
Name of his/her present teacher(s)? ____
Grade: ________ Full time? YES / NO (If your answer is "no" please list any other school(s) or daycare he/she attends, as well as how often)
____
____
What are your child's best subjects? ____
Worst subjects? ____
Does your child receive services from school? YES / NO (If yes please provide how often and by whom)
____
____
Other pertinent information or comments:
____
____
*Please provide copies of any pertinent assessments, reports, and/or records prior to your child's first appointment. THANK YOU

lil'
CHit-CHat
SPEECH + LANGUAGE THERAPY