



Case History Form

Person completing this form: _____ Date: _____

Relationship to child: _____

Insurance carrier: _____ Referral Source: _____

Pediatrician: _____

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)



__ PREGNANCY AND BIRTH HISTORY

Please check all that apply

Type of Complication 1st Trimester 2nd Trimester 3rd Trimester

Infectious/communicable _____

Fall _____

Auto accident _____

Blood pressure _____

X-Rays _____

Surgeries _____

Anemia _____

Other _____

Was the baby full term? _____ If not, how early/late? _____

What was the length of labor? _____ Induced? _____ Cesarean? _____

What type of anesthesia? _____ Were forceps used? _____

Baby's weight/length? _____

Were there any complications during delivery? YES / NO (If your answer is "yes" please provide further explanation) _____

Did the baby require oxygen? _____

Was he/she jaundiced? _____

Were there any complications immediately following the birth or during the first few weeks of life:

Difficulty Breathing___ Difficulty Sucking___ Difficulty Feeding ___ Seizures___ Birth Defect___

Transfusions___ Extended Hospital Stay___ Jaundice___ Rubella___ Herpes___ Syphilis___

Sepsis___ Other (Please Specify) _____

Additional Comments:

When did your child crawl? _____

When Did your child walk? _____



LANGUAGE DEVELOPMENT

At what age did the following occur?

Expressive and Receptive milestones Age Additional info/explanation

Respond to own name _____

Followed simple directions _____

Recognized names of familiar objects _____

Pointed to eyes, nose, and mouth when named _____

Babbled _____

Said first word _____

Had a vocabulary of 10 words _____

Combined two-words _____

Talked in short sentences _____

Said full name _____

Verbally related events/experiences _____

At the present time:

Does your child follow directions correctly? YES / NO (If your answer is "no" please provide further explanation of what your child does in place of this behavior)

Does your child respond to questions appropriately? YES / NO (If your answer is "no" please provide further explanation of what your child does in place of this behavior)

Do you need to use gestures? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

Do you need to repeat? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

Do you need to speak in short sentences? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

How does your child communicate his/her wants and needs?



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)

SOCIAL and BEHAVIORAL DEVELOPMENT

What is the average length of time your child can stay playing at one activity? _____

What activities seem to hold your child's attention for the shortest period of time?

What activities seem to hold your child's attention for the longest period of time?

What is/are your child's preferred play activities? _____

Does your child avoid any play activities? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

Is your child toilet trained? YES / NO



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)

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