Speech Case History Form

Identifying Information

Name _____ Date _____
Address _____ Date of Birth _____
_____ Age _____ Sex _____
E-Mail _____ Grade _____
School _____
Home Phone _____ Cell Phone _____
Referred By _____
Physician Name & Address _____
Mother's Name _____ Age _____ Occupation _____
Father's Name _____ Age _____ Occupation _____
Names & Ages of siblings _____
Describe any family history of speech, language or learning problems _____
_____
_____

Birth History

Prenatal history (health, medicines, etc.) _____
Length of pregnancy_____ Labor _____
Type of delivery _____ if C-section, why? _____
Birth Weight _____ Apgar Score _____
Describe any complications _____
Breast or bottle-fed? _____ how long? _____
Any swallowing, sucking, or feeding difficulties? _____
_____
Was a pacifier used? _____ how long? _____

General Development

Describe your child's general disposition: _____
Is he/she consistent from day to day? _____
Is/was your child sensitive to touch, sound, etc.? _____
Does your child enjoy playing with other children? _____ Adults? _____
Describe child's general behavior (shy, aggressive, hyperactive, kind, etc.) _____
_____
Discipline used at home? _____
Does discipline work with your child? _____
Your child's favorite activities, playmates, TV shows, etc. _____
_____

Speech and Hearing History (give approximate ages of acquisition)

Coo & gurgle _____ Was he/she a vocally quiet child? _____
Babble _____
Did you hear a variety of sounds before his/her first words? _____
First word _____ Give examples of his/her first words _____
Name objects _____ Did/does your child prefer to point or use gestures? _____
Combine 2 words _____ make a short sentence _____
Have you ever seen communicate frustration? _____
_____
How would you describe your child's speech/language problem? _____
_____
When did you first have concerns about your child's communication development? _____
_____
Does your child have problems in understanding? _____ Expression _____ both _____
Explain _____
_____
Do others have difficulty understanding your child? _____
What have you tried to do to help? _____
Has it improved his/her ability to communicate? _____
Are there any factors that may be limiting your child's development? (Attention span, behavior, illnesses, hospitalizations, etc.) _____
_____
Has your child been tested for hearing? _____ If yes, where & when? _____
_____
Any previous speech/language testing? _____ If yes, where & when? _____
_____
Any neurological, psychological, developmental testing? _____ if yes, please describe _____
_____
_____

History of Illnesses (list ages of occurrence or high frequency of occurrence)

Ear infections _____ Asthma _____ Influenza _____
Colds _____ Allergies (list) _____ Sinusitis _____
Chicken Pox _____ High Fevers _____ Tonsillitis _____
Scarlet Fever _____ Upper Respiratory Infections _____ Other _____
_____
Has your child been to a dentist? _____ If yes, when? _____
Has your child seen an Allergist, ENT, Pediatric Neurologist, other specialist? _____
_____
Has your child ever been hospitalized? _____ If yes, describe _____
List any other pertinent information you wish about your child here _____
_____
_____