



# LKN Speech Language Pathology

## SPEECH LANGUAGE PATHOLOGY CASE HISTORY FORM - CONFIDENTIAL

Child's Name \_\_\_\_\_ Child's date of birth \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Today's Date \_\_\_\_\_

### I. Referral Information

1. Who referred you to speech therapy services? \_\_\_\_\_
2. What is your main concern regarding your child's speech and/or language development? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. When did you first notice it? \_\_\_\_\_

### II. Family/School Information

1. Names and ages of siblings \_\_\_\_\_
2. Name of preschool, school, or daycare \_\_\_\_\_
3. Grade \_\_\_\_\_
4. Are there any concerns with your child's academic skills? If so, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Is there a family history of hearing loss or speech-language difficulties? \_\_\_\_\_

### III. Birth History

1. Were there any complications during pregnancy? If so, please describe. \_\_\_\_\_
2. Were there any complications immediately following birth? If so, please describe. \_\_\_\_\_  
 \_\_\_\_\_

### IV. Medical History

1. Does your child have food allergies? \_\_\_\_\_
  2. Does your child have any other allergies? \_\_\_\_\_
  3. Does your child have or had multiple ear infections? \_\_\_\_\_ PE tubes? Yes / No
  4. Has your child been hospitalized for any reason? \_\_\_\_\_
  5. Please circle all that apply: tonsillitis, high fevers, meningitis, seizures, croup, chronic colds, measles
- Other: \_\_\_\_\_

6. Does your child have a medical dx? \_\_\_\_\_
7. What medication does your child currently take? \_\_\_\_\_
- \_\_\_\_\_
8. Has your child's hearing been screened or evaluated? Yes / No If so, please describe results or send a copy.
9. Developmental milestones: list the approximate ages when your child began to do the following:
- a. Crawling \_\_\_\_\_
  - b. Walking \_\_\_\_\_
  - c. Babbling \_\_\_\_\_
  - d. Saying first words \_\_\_\_\_
  - e. Combining words \_\_\_\_\_

**V. Feeding History**

1. Did your child have any difficulties feeding after birth? If so please explain. \_\_\_\_\_
2. Is your child a picky eater? \_\_\_\_\_

**VII. Play/Social Interaction**

1. Does your child play appropriately with toys? \_\_\_\_\_
- \_\_\_\_\_
2. Does your child engage in any odd behaviors? If so, explain. \_\_\_\_\_
- \_\_\_\_\_
3. Does your child have difficulty attending or concentrating? \_\_\_\_\_
- \_\_\_\_\_
4. Does your child have any significant problems with behavior? If so, please explain. \_\_\_\_\_
- \_\_\_\_\_

**VIII. Sensory/Motor Development**

1. Does your child seem awkward or clumsy? If so, please explain. \_\_\_\_\_
- \_\_\_\_\_
2. Does your child seem to dislike certain types of textures (tags in clothes, lotion on body, water on hands)? \_\_\_\_\_
3. Does your child seem unusually sensitive to loud noises? \_\_\_\_\_
4. Does your child seem to shy away from trying new activities? \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_