

Speech Language Pathology Case History Form - Confidential

Child's Name: _____ Child's DOB: _____

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? _____
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? _____
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? _____
