Speech-Language-Hearing Case History Form

Identifying and Family Information:

Child's Name _____ Birthdate: _____ Sex: ☐M ☐F
Mother's Name: _____ Daytime Phone: _____
Address: _____ Cell Phone: _____
_____ E-mail: _____
_____

Father's Name: _____ Daytime Phone: _____
Address: _____ Cell Phone: _____
_____ E-mail: _____
_____

Doctor's Name: _____ Doctor's Phone: _____

Child lives with (check one):

☐ Birth Parents ☐ Foster Parents ☐ One Parent
☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other

Other Children in the family:

Name	Age	Sex	Grade	Speech/Hearing Problems

Child's race/ethnic group:

☐ Caucasian, Non-Hispanice ☐ Hispanic ☐ African-American
☐ Native American ☐ Asian or Pacific Islander ☐ Others

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one? _____
Does the child speak the language? ☐ Yes ☐ No
Does the child understand the language? ☐ Yes ☐ No
Who speaks the language? _____
Which language does the child prefer to speak at home? _____

Speech-Language-Hearing

Do you feel your child has a speech problem? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

Has he/she ever had a speech evaluation/ screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has he/she ever had a hearing evaluation/ screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has your child ever had speech therapy? ☐ Yes ☐ No

If yes, where and when? _____

What was he/she working on? _____

_____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc)? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

_____

Is your child aware of, or frustrated by, any speech/ language difficulties? _____

_____

What do you see as your child's most difficult problem in the home? _____

_____

What do you see as your child's most difficult problem in school? _____

_____

Birth History

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe. _____

_____

_____

How old was the mother when the child was born? _____

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe. _____

_____

How many months was the pregnancy? _____

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No

If child stayed at the hospital, please describe why and how long. _____

_____

_____

Medical History

Has your child had any of the following?

- ☐ adenoidectomy
- ☐ allergies
- ☐ breathing difficulties
- ☐ chicken pox
- ☐ colds
- ☐ ear infections
  How often?
- ☐ ear tubes
- ☐ encephalitis
- ☐ flu
- ☐ head injury
- ☐ high fevers
- ☐ measles
- ☐ meningitis
- ☐ mumps
- ☐ scarlet fever
- ☐ seizures
- ☐ sinusitis
- ☐ sleeping difficulties
- ☐ thumb/finger sucking habit
- ☐ tonsillectomy
- ☐ tonsillitis
- ☐ vision problems

Other serious injury/ surgery: _____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

If yes, why? _____

_____

Please list any medications your child takes regularly: _____

_____

_____

_____

_____

_____

_____

Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

_____ sat alone
_____ babbled
_____ put two words together
_____ walked
_____ grasped crayon/ pencil
_____ said first words
_____ spoke in short sentences
_____ toilet trained

Does your child…

- ☐ choke on food or liquids?
- ☐ currently put toys/ objects in his/ her mouth?
- ☐ brush his/ her teeth and/ or allow brushing?

Current Speech-Language-Hearing

Does your child…

- ☐ repeat sounds, words or phrases over and over?
- ☐ understand what you are saying?
- ☐ retrieve/ point to common objects upon request (ball, cup, shoe)?
- ☐ follow simple directions (“Shut the door” or Get your shoes”)?
- ☐ respond correctly to yes/ no questions?
- ☐ respond correctly to who/ what/ where/ when/ why questions?

Your child currently communicates using…

- ☐ body language.
- ☐ sounds (vowels, grunting).
- ☐ words (shoe, doggy, up).
- ☐ 2 to 4 word sentences.
- ☐ sentences longer than four words.
- ☐ Other _____

Behavioal Characteristics:

- ☐ cooperative
- ☐ attentive
- ☐ willing to try new activities
- ☐ plays alone for reasonable length of time
- ☐ separation difficulties
- ☐ easily frustrated/ impulsive
- ☐ stubborn
- ☐ restless
- ☐ poor eye contact
- ☐ easily distracted/ short attention
- ☐ destructive/ aggressive
- ☐ withdrawn
- ☐ inappropriate behavior
- ☐ self-abusive behavior

School History

If your child is in school, please answer the following:

Name of school and grade in school: _____

Teacher's name: _____

Has your child repeated a grade? _____

What are your child's strengths and/ or best subjects? _____

Is your child having difficulty with any subjects? _____

Is your child receiving help in any subjects? _____

Additional Comments

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