



Pediatric Case History Form

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Child's Name: _____

DOB: _____

Mailing Address: _____

Parent E-mail: _____

(e-mail used only for communication from this office and for billing/receipts)

Home Telephone: _____ Cell: _____

Child's Physician: _____ Phone: _____

Who referred you? _____

*Information provided in this history is confidential, and is used to help with the assessment of your child. This information will not be provided to other agencies without your written consent.

Family History:

Mother's Name: _____ Occupation: _____

History of Speech, Language, or Learning problems? ___ YES ___ NO

If YES, please explain: _____

Father's Name: _____ Occupation: _____

History of Speech, Language, or Learning problems? ___ YES ___ NO

If YES, please explain: _____

Child's Siblings—Names & Ages: _____

Who currently lives in the home with your child? _____

Is there a family history (parents, siblings, aunts, uncles, cousins, grandparents) of any of the following?

Family Member

Hearing Loss _____

Learning Disability _____

Reading Difficulty _____



Speech Difficulty _____

Is English the primary language spoken in the home? ____ YES ____ NO

If NO, what is the primary language spoken in the home? _____

Prenatal & Birth Complications: Check any items that apply regarding the birth of your child:

During pregnancy:

____ Excessive vomiting ____ RH Incompatibility ____ Significant Illness

____ Drug Use ____ Alcohol Use ____ Smoking

____ Previous Miscarriages ____ Trauma/Injuries ____ High Blood Pressure

Additional information: _____

Labor & Delivery:

____ Full Term ____ Premature: ____ weeks early ____ Birth Weight

____ Normal Delivery ____ Forceps Delivery ____ Cesarean

Complications After Birth:

____ Difficulty Breathing ____ Difficulty Sucking ____ Difficulty Feeding

____ Seizures ____ Jaundice ____ HIV ____ Sepsis

____ Extended Hospital Stay—How Long? _____

Please explain any items above: _____

Medical History: Has your child had any of the following?

____ Chicken Pox ____ Encephalitis ____ Asphyxia (Oxygen/Breathing Loss)

____ Meningitis ____ Asthma ____ Allergies

____ Head Injury ____ Seizures ____ Tonsils/Adenoids Removed

____ Multiple Ear Infections ____ Tubes Inserted? Which ear? _____

Additional Information: _____

List medications your child currently takes, dosage, and why: _____

List any other diagnoses your child has been found to have: _____



Hearing History:

Do you suspect that your child has a hearing loss? _____

If YES, what behaviors does your child display that lead you to suspect hearing loss?

Has your child's hearing been tested? ____ YES ____ NO

Where and When: _____

Results of Testing: _____

Does your child use Hearing Aids? ____ YES ____ NO

If so, which ears? _____

Speech/Language Development: What age did your child demonstrate the following (estimate):

_____ Cooing, pleasure sounds _____ Babbling (ba-ba, da-da)

_____ Jargon (talking in own special language) _____ Single words

_____ Phrases (go bye-bye, more juice) _____ Short sentences

How does your child let you know what he/she wants? Please check all that apply.

_____ Looking at Objects _____ Pointing at Objects _____ Gestures

_____ Crying _____ Making sounds _____ Touch/Grab

_____ Single Words _____ 2-3 Words _____ Sentences

Describe your child's speech:

_____ Easy to understand

_____ Easy for family members to understand, difficult for others

_____ Difficult for family members to understand and also difficult for others to understand

Does your child have difficulty pronouncing certain kinds of words? _____

Explain: _____

Does your child get "stuck" or "stutter" when speaking? _____

Explain: _____

Do you have concerns about your child's voice? (hoarse, breathy, too soft, very loud)

Explain: _____



Motor Development: What age did your child demonstrate the following (estimate)?

_____ Sitting Up _____ Crawling _____ Standing
_____ Walking _____ Finger feeding _____ Eating with spoon
_____ Potty-trained _____ Undressing self

Has your child had any feeding difficulties?

_____ Sucking or Nursing _____ Excessive length of time to drink a bottle
_____ Regurgitation of liquids or solids through nose _____ Difficulty chewing/swallowing
_____ Choking and/or gagging

Did your child drool more than other children his/her age? _____

Did your child have difficulty gaining weight as an infant? _____

Social/Emotional Development: Check behaviors that describe your child:

_____ Overly quiet _____ Overly active _____ Excessive tantrums
_____ Destructive _____ Friendly, outgoing _____ Plays well with other children
_____ Prefers older kids _____ Prefers younger kids _____ Defiant
_____ Right handed _____ Left handed _____ Trouble sleeping
_____ Plays poorly with other children _____ Prefers to play by himself

Check all of the types of play your child likes to do most often:

_____ Putting toys in mouth _____ Banging toys together _____ Throwing toys
_____ Pushing/pulling toys _____ Uses toys appropriately _____ Role-playing games
_____ Make Believe play _____ Plays games with rules _____ Rough and tumble play

Describe any evaluations or therapy for behavioral or emotional difficulties:

Educational History:

Educational Setting School Name and Approximate Dates

Preschool:

Elementary School: Grades _____

Middle School: Grades _____

High School: Grades _____

How many days per week does your child attend school? _____



Has your child been retained? If so, which grade? _____

Does your child have difficulty with: ___ Reading ___ Math ___ Writing

If YES, please explain: _____

List any accommodations made for your child at school: _____

List any special education services or IEP services your child receives at school:

Has your child ever been evaluated or attended therapy for:

___ Speech Therapy ___ Language Therapy

___ Reading difficulty ___ Math difficulty ___ Writing Difficulty

___ Occupational therapy ___ Physical therapy

Please give locations and dates for above: _____

Primary reason for seeking speech and language evaluation today:

Describe current speech and language characteristics (please provide specific examples if possible): _____

Please provide any additional information pertinent to your child's communication needs:
