



Pediatric Case History Information Form

I. Case History Information

Patient Name _____ Birthdate _____
Last First Middle Initial

Favorite name or nickname for your child _____

Does your child have a favorite name for you or any other relatives? _____

___ Number of other children in the family and their names:

Does your family have a pet? ___ Yes ___ No

If yes, what do you call the pet(s)?

Preschool/School (if school age): _____

Who referred you? _____

In the last 12 months, has your child received any testing by outside sources for language, voice, speech, reading, hearing or in any other related area? Yes ___ No ___

Type of testing received:

****You may bring copies of the above tests to your evaluation****

What are your concerns? (check all that apply)

___ no language ___ lack of language ___ unable to understand
___ stutters ___ voice quality ___ other (please describe)

How did you become aware of your child's speech problems?

When was the problem first noticed? _____

Is there any other family history of a communication problem(s)?
(Describe) _____

II. Medical History

	Yes	No	Unsure
Were there any problems during pregnancy or difficulties at birth?			
Was your child born before the due date?			
Has your child been hospitalized at any time?			
Are there any diagnosed mental, physical or emotional disabilities?			
Does your child have any allergies?			
Were there any sucking, feeding or swallowing problems?			
Were there any drooling problems?			
Is there a history of ear infections?			
Has hearing been tested?			

a. Who was the hearing tested by: physician audiologist school other

b. Results were: normal abnormal (Explain): _____

If you checked **yes** to any of the above please explain or describe below.

III. Developmental History

Were developmental milestones (creeping on all four limbs, crawling, sitting, standing, walking) achieved on time? Yes No

If no, what was unusual about achievement of the milestones?

Did/ does your child (check all that apply):

coo as an infant

babbles as a toddler

readily imitates sounds and words

vocalizes while playing (i.e. car sounds)

play pattycake / peek-a-boo

play alternating turn or reciprocal games

copies intonational patterns

plays with cars/dolls appropriately

Does your child have frequent interactions with other children? (i.e. playing with siblings, attending daycare, etc.)

Yes No Describe: _____

IV. Understanding Language

When you talk to your child, how much does he or she understand? Check one:

- a few words (i.e. body parts or identify pictures in a book)
- simple directions
- many words and phrases
- almost everything I say

Does your child answer when you talk to him/her? Yes No

Additional comments/examples can be helpful. Please use the space below.

Is your child attentive while books are being read to him/her? Yes No

(If yes, for how long? _____)

V. Communicating with You and Your Family

How does your child usually let you know what he or she wants? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> cries | <input type="checkbox"/> uses a few words |
| <input type="checkbox"/> points to what he/she wants | <input type="checkbox"/> says many words, one word at a time |
| <input type="checkbox"/> uses gestures | <input type="checkbox"/> uses two or three word sentences |
| <input type="checkbox"/> makes a few sounds | <input type="checkbox"/> uses long sentences |
| <input type="checkbox"/> makes many different sounds | <input type="checkbox"/> asks questions |
| <input type="checkbox"/> indicates "yes" or "no" | <input type="checkbox"/> gestures or says "hi" or "bye" |

other _____

Additional comments/examples can be helpful. Please use the space below.

Can the family understand your child's speech? Yes No

Can people outside of the family understand your child's speech? Yes No

What does your child like to talk about? Please explain below:

Does your child stutter? Yes No

(If yes, when or how did it begin and did it go away?)

If your child stutters, has this gotten progressively worse? Yes No

If your child stutters, is there a family history of stuttering? Yes No

Is there any other information that would be helpful in preparing for your child's evaluation?

(Please use the space below)