



**Pediatric Speech-Language Pathology Case History Form**

**Today's Date:**

**Identifying Information**

Child's Full Name:		DOB:
Address:		
Home Phone:	Cell #:	Work #:
Person Completing Form:		Relationship to Child:
With whom does your child live:		
Siblings (names/ages):		
Languages spoken in the home:		

**Description of the Problem**

Please describe your concerns about your child's speech and language difficulties:
When did you first notice the problem:
Has the problem changed since you first noticed it? If so, how?
Are there any situations where the problem may be better and/or worse?

**Pregnancy and Birth History**

Please describe any difficulties or complications during pregnancy:		
Length of pregnancy:	Birth weight:	APGAR scores:
Type of delivery: <input type="checkbox"/> normal vaginal delivery <input type="checkbox"/> induced <input type="checkbox"/> c-section		
Please list any complications experienced during labor or delivery:		
Did your child experience any problems immediately following birth? If so, please explain:		
Did your child have a stay in the Neonatal Intensive Care Unit (NICU) after birth? If so, for how long?		

Did your child require oxygen? If so, for how long?
Was your child incubated? If so, for how long?

**Medical History**

Does your child have any medical diagnoses? If so, please list:
Is your child taking any medications? If so, please list names, dosage, and times administered:
List any serious illnesses, surgeries, or accidents with dates of each incident:
Does your child have any allergies? If so, please list:
Does your child have a history of ear infections? If so, how many and at what ages?
How were the infections treated? (antibiotics, tube placement, other)
Date and place of your child's most recent hearing test and the results:
Date and place of your child's most recent vision exam and the results:
Did your child experience any feeding or swallowing difficulties during infancy or childhood?

**Developmental History**

<p>At what age did the following motor milestones occur?          Sat alone: _____ Stood alone: _____ Walked unaided: _____          At what age did the following speech and language milestones occur?          Babbling: _____</p> <p>Did you child always repeat the same sounds together (bababa) or also vary sound combinations (ahbeedoo): _____</p> <p>First word: : _____ Example: _____          Two-word combinations: _____ Example: _____          First sentences: _____ Example: _____</p> <p>What is your child's estimated current vocabulary size?</p>
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**Education/Treatment History**

Did your child receive any early intervention or other early special services from birth through three years of age? Please list the type and frequency of each service:
Please list any daycare/playgroups/preschool attended by your child and ages at which your child attended:
What is your child's current school and grade:
Do you have any concerns about your child's academic performance? If so, please describe:
Has your child had any previous speech-language evaluations or received speech-language therapy either in school or privately? If so, please describe and list dates:
Has your child received other special services in school? If so, please describe the type, frequency, and duration:

**Social/Family History**

Please describe your child's play habits/skill/interests:
How does your child interact/play with peers?
Do any immediate or extended family members have a history of speech, language, or learning problems? If so, what was the nature of the difficulties, and what is their relationship to your child?
Additional Information:

\*\*Please attached copies of previous speech and language reports, progress notes, developmental psychological or neuropsychological reports, Individualized Family Service Plans (IFSP) and/or Individualized Education Plan (IEP).

\_\_\_\_\_  
Signature of Parent, Guardian, or Legal Representative Date

\_\_\_\_\_  
Print Name