

Case History for West Coast Auditory Processing Center

Name _____ Birthdate _____

Age _____ Grade _____ Handedness _____

Person Completing Form _____ Relation to patient _____

Who referred you to us? _____

Why did they refer your child?

What concerns do you have about your child?

What are your child's strengths at school and home?

What does your child struggle with at school and home?

School _____ Grade _____

School services (including tutoring/IEP/504/ESE/EH/Gifted/in school therapy)

Professionals
consulted _____

Date

Past therapies

Present therapies

Medical history including birth history

What questions can we answer for you during this evaluation?
