



Speech-Language Case History Form

Identifying and Family Information:

Child's Name: _____ Birthdate: _____ M__ F__

Father's Name: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

E-mail: _____

Mother'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 Problems
------	-----	-----	-------	-----------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechnlanguagespot.com www.speechnlanguagespot.com



Child's Race/Ethnic Group:

Caucasian___ Hispanic___ African-American___
Native American___ Asian___ Other_____

Speech-Language-Hearing

Is there a language other than English spoken in the home? Y__ N__
If yes, which one? _____

Does the child speak the language? Y__ N__

Does the child understand the language? Y__ N__

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

Do you feel your child has a speech problem? Y__ N__
If yes, please describe

Do you feel your child has a hearing problem? Y__ N__
If yes, please describe

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



Has he/she ever had a speech evaluation/screening? Y__ N__

If yes, where and when? _____

What were you told?

Has he/she ever had a hearing evaluation/screening? Y__ N__

If yes, where and when? _____

What were you told?

Had your child ever had speech therapy? Y__ N__

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.)? Y__ N__

If yes, please describe

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

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



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? Y__ N__
If yes, please describe

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

Was the mother sick during the pregnancy? Y__ N__
If yes, please describe

How many months was the pregnancy? _____

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



Did child go home with his/her mother from the hospital? Y__ N__
If child stayed at the hospital, please describe why and how long

Medical History

Has your child had any of the following?

- | | | |
|--------------------------|----------------|-------------------------|
| Adenoidectomy__ | encephalitis__ | seizures__ |
| Allergies__ | flu__ | sinusitis__ |
| Breathing difficulties__ | head injury__ | sleeping difficulties__ |
| Chicken pox__ | high fevers__ | thumb sucking__ |
| Cold__ | measles__ | tonsillectomy__ |
| Ear infections__ | meningitis__ | tonsillitis__ |
| How Often?_____ | mumps__ | vision problems__ |

Ear tubes__

Other serious injury/surgery: _____

Is your child currently (or recently) under a PCP? Y__ N__

If yes, why?

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



Please list any medications your child takes regularly:

Developmental History

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

Sat Alone _____ Grasped Crayon _____ Babbled _____
First words _____ Two words together _____ Sentences _____
Walked _____ 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? _____

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



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? _____

Does your child currently communicate using...

Body language _____ Sounds (vowels, grunting) _____

Words (shoe, doggy, up) _____ 2 to 4 word sentences _____

Sentences longer than 4 words _____ Other _____

Behavioral Characteristics:

Cooperative _____

Restless _____

Attentive _____

Poor Eye Contact _____

Willing to Try New Things _____

Easily Distracted/Short attention span _____

Plays alone for reasonable length of time _____

Destructive _____

Separation difficulties _____

Withdrawn _____

Easily Frustrated _____

Inappropriate behavior _____

Stubborn _____

Self-abusive behavior _____

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC

Pediatric Speech Language Pathologist

Certified Breastfeeding/Lactation Consultant

Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com



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

Dena Freedman-Muchnick, M.S., CCC-SLP, CLC
Pediatric Speech Language Pathologist
Certified Breastfeeding/Lactation Consultant
Phone 954-261-9864

dena@speechlanguagespot.com www.speechlanguagespot.com