

Kimeshree Moodley

Speech-Language Therapist

HPCSA No.: ST0009393

Practice No.: 082 001 065 3411

BSc Com Path (SLP) (HONS) (UKZN)

NDT, PROMPT, DIR Floortime & Makaton Trained



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Speech-Language Therapy
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CASE HISTORY FORM - PAEDIATRIC

General Information

Child's Name & Surname:	
ID Number:	
Date of Birth:	
Contact Number:	
Address:	
Individuals that live with the Child:	
Mother's Name & Surname:	
Contact Number:	
Email Address:	
Age:	
Employment:	
Marital Status (if married, please indicate partner):	
Father's Name & Surname:	
Contact Number:	
Email Address:	
Age:	
Employment:	
Marital Status (if married, please indicate partner):	
Siblings (include sex/gender, names and ages):	
Referred by:	
Contact Details:	
Paediatrician:	
Contact Details:	
Family Doctor:	
Contact Details:	

Communication History

What languages does the child communicate in?	
What is the child's dominant language?	
What languages are used at home?	
What is the dominant language used?	
With whom does the child spend the most of his or her time?	
Describe the difficulty that the child has regarding communication:	
How does the child usually communicate?	



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(E.g. gestures, single words, short phrases, sentences?)	
When was the communication difficulties first noticed? By whom?	
Is the child aware of the difficulties that he or she may have with communication? If yes, how does he or she feel about it?	
Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?	
Have any other specialists seen the child? (E.g. occupational therapists, audiologists, physiotherapists, psychologists, special education teachers, specialist doctors etc.) If yes, indicate: <ul style="list-style-type: none"> The type of specialist When the child was seen The specialist's conclusions or suggestions 	
Are there any other individuals with communication or hearing difficulties in the child's mother's or father's family? If yes, please describe.	

Indicate if the child is able to do the following with an "x" in the appropriate box:	Yes	Sometimes	No
Responds to his/her name			
Says 10 words			
Is learning new words every week			
Repeats new words			
Says 50 words			
Puts two words together			
Gets my attention with words			
Rejects/says no			
Asks questions with his/her tone of voice			
Takes turns in a "conversation"			
Asks for help			
Says 3-4 word sentences			
Is understood by family members			



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Is understood by familiar adults			
Is understood by unfamiliar adults			
Follows one-step directions			
Follows two-step directions			
Listens to a short picture book			
Names pictures in a book			
Answers "yes/no" questions			
Answers "wh" questions			
Asks "yes/no" questions			
Asks "wh" questions (what, where, why, how)			
Uses pronouns correctly (I, me, we)			
Knows some songs or nursery rhymes			
Participates in pretend play			

Prenatal and Birth History

Mother's general health during pregnancy (E.g. illnesses, accidents, medications, etc.).	
Length of pregnancy:	
Length of labour:	
General condition of the child:	
Birth weight:	
APGAR Score:	
Significant information from the Road to Health Card:	
Circle type of delivery:	Head First Feet First Breech Caesarean
Were there any unusual conditions that may have affected the pregnancy or birth?	

Medical History

Circle the childhood illness & conditions that the Child has had & indicate the approximate age of the Child when he or she had it:	Asthma Chicken pox Colds Croup	Influenza Mastoiditis Measles Meningitis
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	Dizziness Draining ear Ear infections Encephalitis German measles Headaches High fever	Mumps Pneumonia Seizures Sinusitis Tinnitus Tonsillitis Other
Has the child had any surgeries? If yes, what type and when (E.g. tonsillectomy, tube placement)?		
Describe any major accidents or hospitalizations.		
Is the child taking any medications? If yes, identify.		
Have there been any negative reactions to medications? If yes, identify.		

Developmental History

Provide the approximate ages at which the child began to do the following activities:	Crawl Sit Stand Walk Feed self Dress self Use toilet Use single words (e.g., no, mom, doggie) Combine words (e.g., me go, daddy shoe) Name simple objects (e.g., dog, car, tree) Use simple questions (e.g., Where's doggie?) Engage in a conversation
Have you had any concerns about the child's global development? If so, elaborate.	
Does the child have difficulty walking, running, or participating in other activities which require small or large muscle coordination?	
Are there or have there ever been any feeding problems (E.g. problems with sucking, swallowing, drooling, chewing)? If yes, describe.	



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Describe the child's response to sound (E.g. responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

Educational History

School:	
Grade:	
Teacher(s):	
How is the child progressing in school?	
How does the child interact with others (e.g., shy, aggressive, uncooperative)?	
Please comment on the child's ability to play.	
Please comment on the child's behaviour.	
Does the child receive special services? If yes, describe.	
If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe some of the goals.	
Provide any additional information that might be helpful in the evaluation or remediation of the child's difficulties.	

Person completing form:	
Relationship to client:	
Signed:	
Date:	

*Thank you for taking your time to complete this case history form.
It is highly appreciated & will provide me with insight on your little one.*

**Kind regards,
Kimeshree Moodley
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Project Communicate Speech-Language Therapy**



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- Bill A. Packer