

29th Street Therapy Center

Colette Ellis, M.Ed. CCC-SLP and Associates

CHILD CASE HISTORY

Please fill out this form as completely as possible. This will give us as much information about your child as possible. If you need more space, please use the back of the form.

GENERAL INFORMATION

DATE: _____

Person completing this form: _____

Relationship to child: _____

Referred by: _____

Name/address of child's doctor: _____

Child's name: _____

Birthdate: _____

Gender: _____

Home phone: _____

Work phone: _____

Other phone: _____

Mother's name: _____

Mother's occupation: _____

Father's name: _____

Father's occupation: _____

Child's guardian/primary caregiver (if not parent): _____

Individuals living in home (please list ages of siblings): _____

PRESENTING COMPLAINTS:

In your own words, describe what concerns you about your child.

When was this problem first noticed? _____

How was this problem first noticed? _____

What do you believe caused the problem? _____

What has been done about the problem? (If the child has had previous speech, language, or hearing examinations or therapy, please tell where, when, and by whom, and what recommendation or treatment was given.

What changes, if any, have you noticed in the child's hearing or general condition recently?

Is the child aware of this problem? If yes, how do you know?

PHYSICAL-MEDICAL HISTORY

Was this your first pregnancy? If not, what number is he/she? _____

What did you notice to be irregular about your pregnancy (i.e., German measles, bleeding, rashes, chicken pox, injuries, illnesses, Rh compatibility, false labor, anemia, etc.)?

What medications, if any, were used during this pregnancy? _____

What was the length of this pregnancy, and the duration of labor? _____

Type of delivery: _____ Normal _____ Breech _____ Caesarean

Were anesthetics used during delivery? _____

What color was this baby at birth?

_____ Normal Red _____ Abnormal Red _____ Yellow
_____ Blue _____ Purple _____ Other

Were there any bruises, marks, discoloration, or abnormalities at or following birth?

Birth weight: _____

Did this child require any special attention while in the hospital? _____

How old was the child when he/she left the hospital? If longer than 3 days please explain.

Name and address of hospital where this child was born: _____

Were there any feeding difficulties following birth: (sucking, chewing, swallowing)?

History of illnesses: Please indicate the age at which the illness occurred.

Measles _____

Visual Difficulties _____

Mumps _____

Whooping Cough _____

Allergies _____

Scarlet Fever _____

Epilepsy _____

High Fever _____

Influenza _____

Convulsions _____

Tonsillitis _____

Sinusitis _____

Head Injury _____

Frequent Colds _____

Has this child ever been examined by a neurologist? If so, what were the findings?

Has this child ever been hospitalized since birth? If so, when and for what reason?

At approximately what age did this child sit alone/walk alone? _____

Is this child toilet trained? _____ At what age? _____

Is this child able to pick up small objects, such as wooden blocks or beads, and hold it in his/her hand? _____

Do you feel that this child's physical coordination is appropriate for his/her age? If not, please explain. _____

SPEECH AND LANGUAGE DEVELOPMENT

Do you remember this child lying in his crib and making play type sounds, such as cooing and/or babbling? _____

Do you remember this child attempting to copy or mimic words of others? _____

Does anyone in the family have a hearing problem? If so, what relation are they to the child? _____

How old was the child when he/she said his/her first meaningful word? _____

What was it? _____

Used phrases? _____

Used sentences? _____

Are there some words that this child appears to understand but cannot say, such as bye-bye, cookie, no, baby, bath, etc? _____

Are there any foods that your child seems to avoid or become easily choked? _____

Does your child have any food allergies? _____

What is a typical meal for this child? _____

Check any statements that accurately describe this child's present speech and language behavior:

_____ Follows direction well

_____ Seems to understand what is said

_____ Appears to have difficulty hearing

_____ Needs to look at the person speaking in order to understand

_____ Seems to be unaware of sound in the environment

- _____ Rarely attempts speech
- _____ Depends primarily on signs and gestures to communicate
- _____ Attempts speech but is difficult to understand
- _____ Uses speech sounds incorrectly
- _____ Leaves out words or confuses word order
- _____ Stammers or stutters
- _____ Talks too fast or too slow (circle one)
- _____ Uses an abnormal voice quality
- _____ Uses abnormal pitch level
- _____ Uses complete sentences
- _____ Uses only phrases
- _____ Uses no speech

Comments _____

AUDITORY BEHAVIOR

To what sounds do you notice this child respond? (i.e., doorbell, footsteps, phone, dial tone, hand clap, soft sounds, loud sounds, speech sounds, etc.) _____

Does your child respond to his/her name when called or other speech sounds when not facing the speaker? _____

How do you communicate with each other? _____

Who best understands this child at home? _____

Does this child seem to watch your face for communicative clues? _____

SOCIAL-EMOTIONAL DEVELOPMENT

Is this child easily managed at home? _____

Would you describe this child as "usually" active? _____

Would you describe this child as "usually" distractible? _____

Below is a list of words that describe children's personality and behavior. Please check those which you feel tend to describe this child.

Sad_____

Follower_____

Moody_____

Very Active_____

Friendly_____

Leader_____

Quiet_____

Independent_____

Happy_____

Fearful_____

Sucks thumb_____

Dependent_____

Temper tantrums_____

Hard to discipline_____

Affectionate_____

Even tempered_____

Trouble sleeping_____

Prefers to be alone_____