

SPEECH and LANGUAGE THERAPY SERVICES, LLC
1016 2nd Ave N. Suite 102 North Myrtle Beach SC 29582
Office (843) 491.3572 Fax (843) 491.3573
speechtherapy.nmb@gmail.com

Pediatric Case History

Client Information:

Name: _____

Date of Birth: _____ Sex: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Background Information:

What concerns do you have regarding your child speech and language?

Are there any hearing problems suspected? _____

Birth & Development:

Were there any problems during pregnancy or delivery? _____

Did the child experience any difficulties following delivery? _____

At what age were the following developmental milestones met?

Sat Up	_____
Crawled	_____
Stood up alone	_____
Walked	_____
Said first word	_____
Fed Self	_____
Toilet Trained	_____

About how many words does the child say? _____

Does the child put 2 words together? _____

Does the child speak in complete sentences? _____

Does the child have any trouble chewing or swallowing? _____

At what age did he/she stop using a bottle and change to a cup? _____

Does he/she use a pacifier or suck on fingers or thumb? _____

Educational Information:

Does your child attend school? _____

If so please provide name of school and grade _____

Participation in Speech-Language Therapy:

☐ No history ☐ Past enrollment ☐ Current enrollment

If current enrollment is checked how many days/times per week does your child receive services? _____

Does your child receive any other services? (Occupational therapy, Physical Therapy, ABA therapy)

Do they have an IEP? _____

Health:

Does your child currently have a diagnosis? _____

If applicable, please specify _____

Hospitalizations _____

Surgeries _____

Ear Infections _____

Sinus Problems _____

Allergies _____

Asthma _____

Other _____

Has the child ever been referred to any other doctors? _____

Please list any medications your child is currently taking _____

Family History:

Do any members of the child's family have a speech or hearing problem or learning difficulties?

Parent Information:

Mothers Name _____

Date of Birth _____ Occupation _____

Fathers Name _____

Date of Birth _____ Occupation _____