

Case History Forms



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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Certified Member

Patient Name	
Address	
Date of Birth	
Parent Name	
Parent Name	
Phone	
Email	
Referred by	

Insurance Company	
Name of insured	
Date of Birth	
ID#	
Group #	
Address of insurer	
Phone of insurer	

Reason for referral:

Case History Forms

Prenatal History:

Normal		Complications	
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Additional information:

Prenatal Term:

Number of weeks	
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Labor and delivery:

Normal		C-section		Forceps	
Induced		Protracted labor		Vacuum	

Medical History (check all that apply):

Hearing loss		Whooping cough	
Feeding disorder		Pneumonia	
Febrile seizures		Scarlet Fever	
Seizure disorder		Tuberculosis	
Chronic ear infections		Chicken pox	
PE tube placement		Measles	
Nasal obstruction		Head injury	
Enlarged tonsils		Frequent colds	
Enlarged adenoids		Allergies	
Removal of tonsils		Reflux	
Removal of adenoids		Anxiety	
ADD/ADHD		Depression	
Migraines		Obstructive sleep apnea	
Cleft lip/palate		Previous frenectomy	
Mouth breathing		Deviated septum	
Asthma		Other:	

Case History Forms

Additional information:

Developmental history:

Milestone	On time	Delayed
Hold head up		
Rolled over		
Sat unassisted		
Eating solids		
Walking		
Running		
Toilet training		
Writing		
First words		

Allergies (check all that apply):

Pollen		Red dye	
Dust		Bee stings	
Mites		Animal dander	
Trees		Foods	
Grass		Other:	

Food intolerances (check all that apply):

Gluten		Shellfish		Eggs	
Dairy		Nuts		Other:	

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Oral habit history:

Pacifier		Age resolved	
Thumb/Finger		Age resolved	
Objects		Age resolved	
Cheek sucking		Age resolved	
Tongue sucking		Age resolved	

Feeding history:

Breastfed	
Bottle fed breastmilk	
Bottle fed formula	
Nasogastric tube	

Feeding characterized by (check all that apply):

Difficulty with latch		Mastitis infections	
Gastric discomfort after feed		Poor rooting reflex	
Slow eater		Absence of phasic bite reflex	
Poor suck skills		Poor milk supply	
Need for nipple shield		Tongue/lip tie	

History of:

Speech therapy	
Occupational therapy	
Physical therapy	
ABA therapy	

Additional information:

Case History Forms

Please fill out the following:

Day 1	Liquids	Solids
Breakfast		
Snack		
Lunch		
Snack		
Dinner		

Day 2	Liquids	Solids
Breakfast		
Snack		
Lunch		
Snack		
Dinner		

Case History Forms

Day 3	Liquids	Solids
Breakfast		
Snack		
Lunch		
Snack		
Dinner		