

**CASE HISTORY FORM - CHILD**

**IDENTIFYING INFORMATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents \_\_\_\_\_ Caregiver \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Pediatrician \_\_\_\_\_ Referral source \_\_\_\_\_

Office Requested (please circle): San Mateo Menlo Park Santa Cruz Any  
Appointment Availability (please circle): Morning Afternoon M T W Th F

**DESCRIPTION OF THE PROBLEM**

Describe child's speech and language problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and how did you become aware of the problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY**

	Name	Age	Occupation	Education
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____

Parents are: married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_ partnered \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If so, when? \_\_\_\_\_

Children in the family

Name	Age	School status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others living in the home

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____

Primary language at home \_\_\_\_\_ Other languages spoken \_\_\_\_\_  
Primary language of child \_\_\_\_\_ % of second language use by child \_\_\_\_\_

Have any family members had: (Please describe)

Speech/lang. problems _____	Allergies _____
Hearing impairments _____	Behavior problems _____
Neurological problems _____	Learning problems _____
Chronic illnesses _____	Others (please specify) _____

List and describe relevant special services which family members have received from specialists such as speech pathologist, psychologist, neurologist, ENT specialist, tutor, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EARLY DEVELOPMENT**

**Pregnancy and Birth**

How many pregnancies has mother had? \_\_\_\_\_ Which pregnancy was this child? \_\_\_\_\_  
Any miscarriages or stillbirths? \_\_\_\_\_ How many living children? \_\_\_\_\_

During the pregnancy with this child was there:

Anemia _____	Rh Incompatibility _____	Smoking _____	Medication (specify) _____
Diabetes _____	German Measles _____	Alcohol/drugs _____	Injuries (specify) _____

Anything unusual during this pregnancy? \_\_\_\_\_

This child's labor/delivery/birth were:

Full term _____	Premature _____	# of weeks _____	Birthweight _____
Normal _____	Caesarian _____	Breech _____	Apgar score _____
Complications? _____			
Cyanosis _____	Jaundice _____	Incubator _____	How long? _____

Problems with: Nursing \_\_\_\_\_ Sucking \_\_\_\_\_ Swallowing \_\_\_\_\_ Drooling \_\_\_\_\_?

Any problems during the first month? \_\_\_\_\_

**Developmental Milestones**

List the ages at which the following skills emerged:

Sat \_\_\_\_\_ Crawled \_\_\_\_\_ Stood alone \_\_\_\_\_ Walked alone \_\_\_\_\_

Bladder control \_\_\_\_\_ Bowel control \_\_\_\_\_ Night trained \_\_\_\_\_

Dressed w/supervision \_\_\_\_\_ Fed self w/supervision \_\_\_\_\_

Anything in his/her development that concerned you the first 18 months? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH AND MEDICAL**

Give ages at which child had any of the following:

- |                      |                                    |
|----------------------|------------------------------------|
| Measles _____        | Skull fractures _____              |
| Mumps _____          | Limb fractures _____               |
| Chicken Pox _____    | Ingestion of poison _____          |
| High fevers _____    | Upper respiratory infections _____ |
| Meningitis _____     | Ear infections _____               |
| Encephalitis _____   | Bronchitis/Pneumonia _____         |
| Concussions _____    | Allergies _____                    |
| Seizures _____       | Others (list) _____                |
| Frequent falls _____ | Others (list) _____                |

Describe and give ages of child's hospitalizations, including emergency room: \_\_\_\_\_

Child's general health is \_\_\_\_\_

Current medications or treatments: \_\_\_\_\_

Any allergies, dietary restrictions, medication needs we should be aware of? \_\_\_\_\_

Does child have:

Visual defects \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing defects \_\_\_\_\_ Hearing aids \_\_\_\_\_

Oral defects (teeth/tongue/jaw/palate) \_\_\_\_\_ Orthopedic defects \_\_\_\_\_

Has child been seen by specialists? \_\_\_\_\_ List name, specialty, child's age, and results of consultation. **Please include date and results of most recent hearing test and/or screening.**

**SPEECH AND LANGUAGE**

Did child make sounds in first 6 months? \_\_\_\_\_ Imitate & repeat sounds by 9-12 months? \_\_\_\_\_

First word was " \_\_\_\_\_ " at age \_\_\_\_\_ 2-3 word phrases were used at age \_\_\_\_\_

Average # of words in utterances now: \_\_\_\_\_ Examples: \_\_\_\_\_

Did speech/lang. slow down or stop? \_\_\_\_\_ Describe: \_\_\_\_\_

His/her speech is \_\_\_\_\_% understandable to parents and \_\_\_\_\_% understandable to others.

Which is true of the child's language development (check 1 in each area)

- | <u>Understanding</u>                                  | <u>Expression</u>                                  | <u>Speech</u>                              |
|---|--|--|
| ___ Understands tone of voice and gestures            | ___ Communicates with tone of voice and gestures   | ___ Not understandable; not intelligible   |
| ___ Responds to simple 1-step verbal commands         | ___ Uses 1-20 recognizable consistent single words | ___ Understandable to family only          |
| ___ Responds to wh questions and series of directions | ___ Uses 50+ single words and short sentences      | ___ Understandable to most other listeners |
| ___ Understands stories and conversational speech     | ___ Converses at complex sentence level            | ___ Speech is completely intelligible      |

Does child know there is a problem? \_\_\_\_\_ How does child react? \_\_\_\_\_

Does child try to self-correct? \_\_\_\_\_ How? \_\_\_\_\_

Has the family tried to help child? \_\_\_\_\_ How? \_\_\_\_\_

**EARLY BEHAVIOR AND SOCIAL SKILLS**

Check those behaviors which describe your child.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mostly random actions            | <input type="checkbox"/> Does not yet imitate          | <input type="checkbox"/> Very high activity |
| <input type="checkbox"/> Brief att'n to structured tasks  | <input type="checkbox"/> Imitates motor & play tasks   | <input type="checkbox"/> Impulsive behavior |
| <input type="checkbox"/> Maintains att'n for activities   | <input type="checkbox"/> Imitates sounds & words       | <input type="checkbox"/> Inflexible, rigid  |
| <input type="checkbox"/> Inconsistent response to rewards | <input type="checkbox"/> Unaware/avoids/ignores others | <input type="checkbox"/> Plays mostly alone |
| <input type="checkbox"/> Responds to food reinforcement   | <input type="checkbox"/> Interacts w/familiar people   | <input type="checkbox"/> Parallel play      |
| <input type="checkbox"/> Responds to prizes/social praise | <input type="checkbox"/> Interacts well-adults & peers | <input type="checkbox"/> Interactive play   |

Age of most frequent playmates \_\_\_\_\_ Child's personality is: \_\_\_\_\_  
 Favorite: toy \_\_\_\_\_ game \_\_\_\_\_ activity \_\_\_\_\_ TV show \_\_\_\_\_ food \_\_\_\_\_  
 Any concerns about behavior or social skills? \_\_\_\_\_

**EDUCATION**

List the child's school history. Include nursery and preschool.

<u>School</u>	<u>Grades or Ages</u>	<u>Location</u>	<u>Hours per Week</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Any grades repeated? \_\_\_\_\_ Which? \_\_\_\_\_ Why? \_\_\_\_\_  
 Strongest school subjects \_\_\_\_\_ Weakest school subjects \_\_\_\_\_  
 Describe any special problems in school \_\_\_\_\_  
 Special school or private educational services the child has received \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MISCELLANEOUS**

What is your greatest concern at this time? \_\_\_\_\_  
 Who else has voiced concerns? \_\_\_\_\_ Their comments: \_\_\_\_\_  
 \_\_\_\_\_

Any further information that may be pertinent?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any specific questions you would like to discuss?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature

Relationship to Child

Date