



## Speech Therapy Case History Form- Pediatric

### General Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Primary Care Physician (if different from Pediatrician): \_\_\_\_\_

Child's current grade and school/daycare \_\_\_\_\_

Brothers and Sisters (include names and ages):

With whom does the child spend most of his or her time?

Describe the child's speech-language problem.

How does the child usually communicate? (gestures, single words, short phrases, sentences)

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech-language specialists seen the child? Who and when?

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

**Prenatal and Birth History**

Mother's general health during pregnancy (illnesses, accidents, medications, etc.)

Length of pregnancy:\_\_\_\_\_ Length of labor:\_\_\_\_\_

General condition:\_\_\_\_\_ Birth weight:\_\_\_\_\_

Circle type of delivery: head first      feet first      breech      Caesarian

Has the child had any surgeries? If yes, what type and when?

Is the child taking any medications? If yes, identify.

**Developmental History**

Provide the approximate age 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

Person completing form: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_