Child Case History Form

The following information is for professional use and will be handled confidentially. This information will assist the speech language pathologist in completing your child's evaluation.

Please complete the following questions as fully and accurately as possible. If you are unable to complete a question, please leave it blank or you may call our office for assistance at (305)378-5247

General Information

Name of person completing this form ____

Relationship to this child _____________________________ Date completed____________

Child's Name____
Last First Middle

Nickname (s) _________________ Date of Birth_______ Age____ Sex: Male___Female___

Sibling Information

Name ____ Age____ Male____ Female____

Name ____ Age____ Male____ Female____

Name ____ Age____ Male____ Female____

Primary Language ___________________ Language spoken in the home________________

What language does the child speak? ____

Please indicate your primary concern about your child's speech and language skills: _____

____
____
____
____
____
____

Medical History

Please indicate if the child has experienced any of the following conditions:

Allergies Yes____ Explain_____________________________________
Autism Yes____ Explain_____________________________________
Attention Deficit Disorder Yes____ Explain_____________________________________
Asthma Yes____ Explain_____________________________________

Chicken Pox Yes____ Explain____
Epilepsy Yes____ Explain____
Seizures Yes____ Explain____
High Fevers Yes____ Explain____
Meningitis Yes____ Explain____
Muscular Disease Yes____ Explain____
Traumatic Brain Injury Yes____ Explain____
Vision Problems Yes____ Explain____
Other____

Child's Primary Care Physician:____

Has your child had a hearing evaluation/screening? Yes____ No____ When________

Where ____

Were the results normal? Yes ____ No____ If no, please explain__________________________

____

Occurrence of ear infections Yes ____ If "yes", approximately how many ear infections to date_____________

Last date of ear infection _______ Please explain course of treatment______________________
____

Has your child ever had a Speech and Language evaluation? Yes____ No_____, If "yes",

Where? ____
____

Has your child had any Speech and Language Intervention: Yes_____ No _____, If "yes",

Where? ____
____

List any medications prescribed for your child ____
____

If your child has had other significant medical treatment your, please explain________________
____
____
____

Developmental History

Prenatal and Birth History

Length of pregnancy ________ Delivery Complications Yes____ No ____ Birth weight_______

(Please explain if any complications occurred)____
____
____
____

Did the infant have any difficulty with breathing, crying, sucking, jaundice, convulsions, blood incompatibility, etc. (Please explain)____
____
____

A. Motor Milestones
Please indicate the age or approximate age at which the following occurred:

Crawled ______ Sat alone ______ Walked unaided______ Fed self______ Dressed self______
Toilet trained ______ Cooing____ Babbling____ First words____

Vocabulary of approximately 50 words: Understood _________ Expressed __________

Two-word combinations____________ (examples: *more milk, me do, no go*)

Short Sentences ____________ (examples: *Me want juice., Mommy do it.)*

B. Receptive and Expressive Language Skills

Please answer "yes" or "no" or "sometimes" to the following questions:

1. Does your child respond to his/her name? Yes____ No ____ Sometimes ____
2. Will your child get common objects when asked? Yes____ No ____ Sometimes ____
3. Does your child follow simple directions? Yes____ No ____ Sometimes ____
4. Will your child point to pictures as you name them? Yes____ No ____ Sometimes ____
5. Does your child label pictures? Yes____ No ____ Sometimes ____
6. Does your child ask questions? Yes____ No ____ Sometimes ____ (Please give Examples) ____
   ____
7. Does your child repeat or "echo" others' expressions? Yes____ No ____ Sometimes____
8. Does your child repeat questions or parts of questions rather than answering them? Yes____ No ____ Sometimes ____
9. Does your child **excessively** recite/repeat words from video tapes/DVDs, songs, or television programs? Yes____ No ____ Sometimes ____
10. Has your child said a word and few times, then never used it again? Yes____ No ____ Sometimes ____ If "yes", when? __________ What words?_________________________
    ____
11. Did language development seem to just stop? Yes____ No ____ Sometimes ____ If "yes", when? ____

How does your child indicate his/her needs/wants to you?________________________________
____

How does your child indicate he/she does **not** want something or does not want to do something?
____

____
____

What types of words/sentences does your child express independently? ____________________
____
____
____

C. Feeding History

Please explain your child's current feeding habits, preferred foods and difficulties eating/drinking (if any): ____
____
____
____

Behavioral Information

A. Infancy

Was a silent infant? Yes____ No ____ Sometimes ____
Was an inconsolable infant? Yes____ No ____ Sometimes ____
Very happy infant (rarely cried, did not desire interaction/affection)? Yes____ No ____ Sometimes ____
Other comments____

B. Play

Prefers to play alone? Yes____ No ____ Sometimes ____
Plays poorly with other children or does not interact with others? Yes____ No ____ Sometimes ____
Frequently lines items in a row? Yes____ No ____ Sometimes ____
Protests if line is interrupted? Yes____ No ____ Sometimes ____
Holds (clutches) items for extended periods of time? Yes____ No ____ Sometimes ____
Frequently counts (objects, items, actions etc) Yes____ No ____ Sometimes ____
Has unusual interest (strips of paper, electrical cords etc.)? Yes____ No ____ Sometimes __
Spins objects? Yes____ No ____ Sometimes ____
Other comments ____
____

C. Conduct

Is difficult to manage? Yes____ No ____ Sometimes ____
Has a behavior problem? Yes____ No ____ Sometimes ____
Displays temper tantrums? Yes____ No ____ Sometimes ____
Consistently has a catastrophic reaction when told "no"? Yes____ No ____ Sometimes ____
Discipline is ineffective? Yes____ No ____ Sometimes ____
Is overly active? Yes____ No ____ Sometimes ____
Has a short attention span? Yes____ No ____ Sometimes ____
Is aggressive towards self? Yes____ No ____ Sometimes ____
Is aggressive towards others? Yes____ No ____ Sometimes ____
Is destructive with objects? Yes____ No ____ Sometimes ____
Other comments ____
____

A. General

Is withdrawn? Yes____ No ____ Sometimes ____
Rocks back and forth? Yes____ No ____ Sometimes ____
Acts as if deaf? Yes____ No ____ Sometimes ____
Covers ears with hands? Yes____ No ____ Sometimes ____
Has limited eye contact? Yes____ No ____ Sometimes ____
Has difficulty with change/transitions? Yes____ No ____ Sometimes ____
Other comments ____
____

B. Fears
Climbs without fear? Yes____ No ____ Sometimes ____
Has unusual fears (specific animals, places, noises, etc.)? Yes____ No ____ Sometimes ____
Exhibits age appropriate fears (separation, being lost, darkness, etc)? Yes____ No ____
Sometimes ____
Other Comments ____
____

C. **Sensory**
Sensitive to touching textures? Yes__ No___
Sensitive to loud noises? Yes____ No___
Does not like the swing? Yes__ No___
Spits/gags with certain foods? Yes___ No___

Educational History

Please indicate any of the following that apply:
Early intervention program (s) ____
Daycare/Preschool:____
Schools attended: ____
Special Programs: ____
Other:____

Please Describe your child's personality:____
____
____
____
____