ACTSpeech THERAPY

Pediatric Case History Form

Child's Name: _____
DOB_____

Mailing address:_____

_____
____

Parent E-mail:

_____

(e-mail used only for communication from this office and for bill/receipts)

Home Telephone: _____ **Cell:**

_____

Child's Physician: _____ **Phone:**

_____

Who referred you?

_____

*Information provided in this history is confidential, and is used to help with the assessment of your child. This information will not be provided to other agencies without your written consent.

Family History:

Mother's Name: _____ Occupation:

_____

History of Speech, Language, or Learning problems? _____ YES _____ NO

If YES, please explain:

_____

Father's name _____ Occupation:

_____

History of Speech, Language, or Learning problems? _____ YES _____ NO

If YES, please explain:

_____

Child's siblings—Names & Ages:

_____

Who currently lives in the home with your child?

_____

Is there a family history (parents, siblings, aunts, uncles, cousins, grandparents) of any of the following?

Family Member	**Family Member**
Hearing Loss _____	Alcoholism
Learning Disability _____	Seizure Disorder
Reading Difficulty _____	Mental Illness
Speech Difficulty _____	Drug Abuse

Is English the primary language spoke in the home? _____ YES _____NO

If NO, what is the primary language spoken in the home?
_____

Prenatal & Birth Complications: Check any items that apply regarding the birth of your child:

During pregnancy:

____ Excessive vomiting ____ RH Incompatibility ____ Significant Illness

____ Drug use ____ Alcohol Use ____ Smoking

____ Previous Miscarriages ____ Trauma/Injuries ____ High Blood Pressure

Additional Information:
_____

Labor & Delivery

____ Full Term ____ Premature: ____ weeks early _____ Birth Weight

____ Normal Delivery ____ Forceps Delivery

Complications After Birth:

____ Difficulty Breathing ____ Difficulty Sucking _____ Difficulty Feeding

____ Seizures ____ Jaundice ____ HIV _____ Sepsis

____ Extended Hospital Stay—How Long?
_____

Please explain any checked items above:
_____

_____
_____

Medical History: Has your child had any of the following?

____ Chicken Pox ____ Encephalitis ____ Asphyxia (Oxygen/Breathing Loss)

____ Meningitis ____ Asthma ____ Allergies

____ Head Injury ____ Seizures ____ Tonsils/Adenoids Removed

____ Multiple Ear Infections ____ Tubes Inserted Which ear? _____

List medications your child currently takes, dosage, and why:
_____

_____
_____

List any other diagnoses your child has been found to have:
_____

_____
_____

Hearing History:

Do you suspect that your child has a hearing loss? _____

If YES, what behaviors does your child display that lead you to suspect hearing loss?

_____
_____

Has your child's hearing been tested? _____ YES _____ NO

Where and When:
_____

Results of Testing:
_____

Does your child use Hearing Aids? _____ YES _____ NO

If so, which ears?
_____

Speech/Language Development: What age did your child demonstrate the following (estimate):

____ Cooing, pleasure sounds ____ Babbling (ba-ba, da-da)

____ Jargon (talking in own special language) ____ Single words

____ Phrases (go bye-bye, more juice) ____ Short sentences

How does your child let you know what he/she wants? Please check all that apply.

____ Looking at Objects ____ Pointing at Objects ____ Gestures

____ Crying ____ Making sounds ____ Touch/Grab

____ Single Words ____ 2-3 Words ____ Sentences

Describe your child's speech:

____ Easy to understand

____ Easy for family members to understand, difficult for others

____ Difficult for family members to understand and also difficult for others to understand

Does your child have difficulty pronouncing certain kinds of words?
_____

Explain:
_____
__

Does your child get "stuck" or "stutter" when speaking?
_____

Explain:
_____
__

Do you have concerns about your child's voice? (hoarse, breathy, too soft, very loud)?
_____

Explain:
_____
__

Motor Development: What age did your child demonstrate the following (estimate):

____ Sitting Up ____ Crawling ____ Standing

____ Walking ____ Finger feeding ____ Eating with spoon

____ Potty-trained ____ Undressing self

Has your child had any feeding difficulties?

____ Sucking or Nursing ____ Excessive length of time to drink a bottle

____ Regurgitation of liquids or solids through nose ____ Difficulty chewing/swallowing

____ Choking and/or gagging

Did you child drool more than other children his/her age?
_____

Did your child have difficulty gaining weight as an infant?
_____

Social/Emotional Development: Check behaviors that describe your child:

____ Overly quiet ____ Overly active ____ Excessive tantrums

____ Destructive ____ Friendly, outgoing ____ Plays well with other children

____ Prefers older kids ____ Prefers younger kids ____Defiant

____ Right handed ____ Left handed ____ Trouble sleeping

____ Plays poorly with other children ____ Prefers to play by himself/herself

Check all of the types of play your child likes to do most often:

____ Putting toys in mouth ____ Banging toys together ____ Throwing toys

____ Pushing/pulling toys ____ Use toys appropriately ____ Role-playing games

____ Make believe play ____ Plays games with rules ____ Rough and tumble play

Describe any evaluations or therapy for behavioral or emotional difficulties:

_____
_____
_____

Educational History:

Educational Setting: School Name and Approximate Dates

Preschool: _____

Elementary School: Grades _____ _____

Middle School: Grades _____ _____

How many days per week does your child attend school?
_____

Has your child been retained? If so, which grade?
_____

Does your child have difficulty with: ____ Reading ____ Math ____ Writing

If YES, please explain:
_____
_____
_____

List any accommodations made for your child at school:
_____

_____
_____

List any special education services or IEP services your child receives at school:

_____
_____

Has your child ever been evaluated or attended therapy for:

____ Speech Therapy ____ Language Therapy

____ Reading difficulty ____ Math difficulty ____ Writing Difficulty

____ Occupational therapy ____ Physical therapy

Please give locations and dates for above:

_____

_____
_____