

Pediatric Case History Form – Speech and Language

Child's Name: _____ DOB: _____

Names of Parent(s) or Legal Guardian(s):

1) _____ Best Phone: _____ Type: home/work/cell

2) _____ Best Phone: _____ Type: home/work/cell

What are your current speech or language concerns?

Who noticed this first: parent other family member pediatrician teacher baby sitter

When was the child's last hearing test? _____ Result? _____

Does this child wear hearing aids? Yes No

If yes, One ear Both ears

Tell us about the child's birth history:
(prematurity, complications, syndromes, disabilities)

Tell us about the child's current medical conditions and all accidents or injuries:

Medications, Vitamins, Herbs and Homeopathic Treatments:

<i>Name of Medication</i>	<i>Dose</i>	<i>Times per Day</i>
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Tell us about the child's general overall development and any other therapy he/she is receiving:
(gross and fine motor, speech, social, learning)

When did the child begin babbling?

When did the child speak his/her first words?

Current vocabulary: 50 words or less

50 – 300 words

greater than 300 words

Is the child able to combine words into sentences?

How well do you understand the child's speech? Very Well Some Difficulty Quite Difficult

How well do other adults understand the child's speech? Very Well Some Difficulty Quite Difficult

How well do the child's friends understand his/her speech? Very Well Some Difficulty Quite Difficult

Does the child show any frustration regarding attempts to be understood? Yes No

Is the child generally talkative, quiet or in the middle?

Is this child able to follow simple directions without multiple repetitions or gestures to prompt understanding?

What school is the child attending?

Type of school: Public Private Charter Home Schooled

What grade?

Is the child performing at grade level? Yes No

Comments:

Tell us about who lives in your household:

What is the child's primary language?

What other languages spoken at home?

Do you have pets?

What are some of the child's and the family's interests?

What would you like to see the child be able to do as a result of therapy?