Pediatric Speech and Language Case History Form

Please take the time to fill out the case history form to the best of your ability. The information obtained from this form will help us with the speech and language evaluation.

**Identifying and Family Information:**

Child’s Name: _______________  Date of Birth: _______________

Parent/Guardian(s) _______________  Address: _______________

Home Phone: _______________  Cell Phone: _______________

Email address: _______________  Doctor’s Name: _______________

Doctor’s Phone: _______________  Referred By: _______________

**Child lives with (check one):**

- [ ] Birth Parents
- [ ] Foster Parents
- [ ] One Parent
- [ ] Adoptive Parents
- [ ] Parent and Step Parent
- [ ] Other _______________

**Siblings/Children in the home:**

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Speech/hearing Problems</th>
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Child’s Race/Ethnic Background:

☐ Caucasian, Non-Hispanic  ☐ Hispanic  ☐ African-American
☐ Native American  ☐ Asian or Pacific Islander  ☐ Other _______________

Developmental History:

Please indicate the approximate age your child reached the following milestones:

_____Sat Up Alone  _____grasped/held crayon or pencil
_____Babbled  _____Said first words
_____Put two words together  _____Spoke in short sentences
_____Walked independently  _____Toilet trained

Background Information of Speech and Language Problems:

Primary Language Spoken in Home: __________________________

Describe the speech and language problems you notice with your child: (ex: not talking, using only few words, using one word, saying words incorrectly, repeating words)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Is your child aware or frustrated by his/her speech and language difficulties? If yes, Explain Y or N

__________________________________________________________________________

Is your child’s speech and language difficulties noticed by others? If yes, please tell who. Y or N

__________________________________________________________________________
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Has your child received speech therapy in a school setting?  Y or  N
Name of School: ________________________________
Dates of Service: ________________________________
Results: ________________________________
If yes, please attach a copy of Individualized Education Plan

Does your child have any problems with hearing?  If yes, explain.  Y or N

Does your child have any other disability? If yes, please check the appropriate box. Y or N
☐ Autism Spectrum Disorder  ☐ Asperger’s Syndrome  ☐ Intellectual Disability
☐ Specific Learning Disorder  ☐ Cerebral Palsy  ☐ Down Syndrome
☐ Attention Deficit Disorder  ☐ Attention Deficit Hyperactive Disorder
☐ Emotional Behavior Disorder  ☐ Reading Disorder  ☐ Other _________

Current Speech and Language Function:

Receptive Language (how your child understands things said to them)

Does your child (please check what applies only)?

____ identify common objects (chair, table)  ____ understand/follow commands (get cup, come here)
____ identify actions (run, walk, talk)  ____ respond correctly to “wh” questions (who, what)
____ respond correctly to yes/no questions  ____ understand basic concepts (up/down, in/out)

Expressive Language (how your child uses words to express what they understand)

____ pointing  ____ babbling (ba-ba, da-da)
____ one word sentence  ____ two word combinations (“want cup”)
____ three or more words  ____ ask questions
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___uses position words (in/out, up/down)  ___uses descriptive words (big/little, good)

___uses action words (walk, run, talk)  ___uses pronouns (me, mine, yours)

**Articulation** (how your child produces words)

___substitute sounds (says “to” for “shoe”)  ___says sounds wrong while reading

___leaves off ending sounds (“cu” for “cup”)  ___spells the way he/she speaks

___leaves off beginning sounds (“up” for “cup”)  ___spells the way he/she speaks

___says specific sounds incorrectly  list sounds____________________

**Fluency** (how smooth the flow of speech is)

___repeats words, phrases

___long pauses between words

___prolongs words or sounds

___abnormal mouth or head movements when speaking

**Voice and Resonance** (how voice sounds)

___hoarse  ___strained  ___raspy

___too low  ___too high  ___whispery

**Social Skills** (how your child interacts with others)

___uses social greetings (hi, bye)  ___makes eye contact

___plays well with others  ___shares toys/things easily

___initiate play with others  ___takes turns
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**Birth History**

Was there anything unusual with the pregnancy or birth? If yes, explain. Y or N

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Age of mother at birth of child: ________

**Medical History**

Has your child had any of the following?

- ___adenoidectomy
- ___encephalitis
- ___seizures
- ___allergies
- ___flu
- ___sinusitis
- ___breathing difficulties
- ___head injury
- ___sleeping difficulties
- ___chicken pox
- ___measles
- ___tonsillectomy
- ___ear infections
- ___ear tubes
- ___vision problems

How often? ______

- ___high fevers
- ___thumb/finger sucking
- ___mumps

Other serious injury/surgery: ________________________________________________

Please list any allergies: ____________________________________________________

Please list any medications your child takes regularly:

__________________________________________________________________________

__________________________________________________________________________
Acknowledgement of Purpose of Case History Information

I understand that the information provided within the Pediatric Case History Form will be used to provide my child with effective evaluation and treatment. This document will be placed in my child’s file and can be accessed by other third party agencies such as (primary care physician, psychologist, insurance carrier, and educational institutions) as necessary.

I also understand that if my child is currently under an Individualized Education Plan or Individualized Family Service Plan, has a psychological evaluation report, or medical report that a copy is to be provided to Speech Language and Beyond, LLC for the sole purpose of providing my child with an accurate diagnosis pertaining to communication and to provide effective and adequate treatment.

Parent/Guardian Signature: _____________________________________________

Date: ________________________________________________________________
Client Checklist:

Do I have the following or have the following already been submitted:

- Prescription or Prescription request form filled out by my child’s Primary Care Physician (doctor)
- Completed Pediatric Case History Form
- Active insurance and insurance card to be photocopied and used at the time of service
- Driver’s license or Personal Identification card to be photocopied and placed in my child’s file
- Any Current Individualized Education Plan or Psychological report my child is currently receiving services under.
- Private Pay Contract Signed (if this is the payment option chosen)
- Signed consent to evaluate and release information
- Copy of the Privacy Rights (which need to be printed off website and kept for your records)