



**Child Case History Form**  
**Speech, Language, Oral-Motor, Feeding**

**General Information**

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

Who does your live with? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Diagnosis and History (if any):

**How does your child primarily communicate his/her wants & needs (gestures, single words, short phrases, sentences)?**

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

**What do you think may be the reasons for the child's speech or language differences?**

**Has the problem changed since it was first noticed?**

**Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?**

**Have any other specialists (physicians, psychologist, special education teachers, etc.) seen your child related to speech, language, oral-motor, or feeding? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.**

**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**

**Were there any unusual conditions that may have affected the pregnancy or birth?**

### **Medical History**

**Provide the approximate ages at which your child experienced (s) the following illnesses and conditions (circle all that apply):**

**Allergies (food, medical, environmental)\_\_\_\_\_**

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<b>Asthma</b>	<b>Reflux</b>	<b>Croup</b>	<b>Draining Ear/Ear Infection</b>
<b>RSV</b>	<b>Headaches</b>	<b>Pneumonia</b>	<b>Seizures</b>
<b>Sinusitis</b>	<b>Tinnitus</b>	<b>Tonsillitis</b>	<b>Heart condition</b>
<b>Sleep Apnea</b>	<b>Exczema</b>		

**Other (please list):**

**Has your child had any surgeries? If yes, what type and when (e.g., tonsillectomy, adenoidectomy, etc.)?**

**Describe any major accidents or hospitalizations.**

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

## **Developmental History**

Provide the approximate age at which your child began to do the following activities:

Sit: \_\_\_\_\_ Crawl: \_\_\_\_\_ Stand/Pull self up: \_\_\_\_\_

Babble: \_\_\_\_\_ Walk: \_\_\_\_\_ Feed self: \_\_\_\_\_

Dress self: \_\_\_\_\_ Use toilet: \_\_\_\_\_

Use single words (e.g., no, mom, doggie, etc.):

Combine words (e.g., me go, daddy shoe, etc.):

Name simple objects (e.g., dog, car, tree, etc.):

Use simple questions (e.g. Where's doggie? etc.):

Engage in conversation:

Does your child have difficulty waking, running, or participating in other activities which require small or large muscle coordination?

Are there or have there been any feeding problems? (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.

Describe your child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).

## **Educational History**

School:

Grade:

Teacher(s):

How is your child doing academically (or pre-academically)?

**Does your child receive special services? If yes, describe.**

**How does your child interact with others (e.g., friendly, shy, aggressive, uncooperative, etc.)?**

**If enrolled for early intervention or special education services, has an Individualized Family Service Plan (IFSP) or Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals.**

**Provide any additional information that might be helpful in the evaluation or treatment of your child's problem.**

**Copies of this report should go to:** \_\_\_\_\_

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

**Relationship to child:** \_\_\_\_\_

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

**Signature of Parent or Caretaker (if minor)**