Pediatric Case History

General Information

Child's Name: _____ DOB:_____

Address:_____ Phone:_____

City/State:_____ Zip:_____

Does the child live with both parents: _____

Mother's Name:_____

Mother's Cell Phone #:_____Mother's Email_____

Mother's Work Phone #:_____

Father's Name:_____

Father's Cell Phone #:_____Father's Email_____

Father's Work Phone #:_____

Brothers and Sisters (include names and ages):_____

_____

Referred By: _____

Pediatrician:_____ Phone:_____

Address:_____

What languages does the child speak? What is the child's primary language? _____

_____

What languages are spoken in the home? _____

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

Describe the child's speech-language problem. _____

_____

How does the child usually communicate? _____

_____

When was the problem first noticed? By whom? _____

_____

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What do you think may have caused the problem? _____

_____

Have any other speech-language pathologist seen the child? If yes, when and where? What were their conclusions? _____

_____

Have any other specialists see the child? If yes, indicate the type of specialist, when and where, and the specialist's conclusions. _____

_____

Are there any other speech, language, or hearing problems in your family? _____

_____

Has the child's hearing been tested? If yes, when and what were the results? _____

_____

Prenatal and Birth History

Length of Pregnancy:_____

General Condition:_____

Birth Weight:_____

Apgar Scores:_____

Type of Delivery: head first feet first breech Caesarian

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

_____

Medical History

Please indicate if the child has been diagnosed with:

Autism _____	**Down Syndrome** _____	**Auditory Processing Dis** _____
PDD _____	Developmental Delay _____	Hearing Loss _____
PDD-NOS _____	Cerebral Palsy _____	Tongue Thrust _____
Congenital Anomaly _____	Hypo/hypertonia _____	Sensory Disorder _____
Genetic Disorder _____	Dyspraxia _____	Vocal Nodules _____

Please indicate if the child has suffered from the following:

Allergies _____	Asthma _____	Chicken Pox _____
Colds _____	Convulsions _____	Croup _____
Dizziness _____	Draining Ear _____	Ear Infections_____
Encephalitis _____	German Measles_____	Headaches _____
High Fever _____	Influenza _____	Mastoiditis _____
Measles _____	Meningitis _____	Mumps _____
Pneumonia _____	Seizures _____	Sinusitis _____
Tinnitus _____	Tonsillitis _____	Other _____

Has the child had any surgeries? If yes, what type and when? _____

_____

Is the child taking any medications? If yes, provide the name of the medication and dosage. _____

_____

Does the child have any allergies? If yes, indicate how these reactions are managed. _____

_____

Developmental History

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

Use Single Words _____	**Combine Words**_____	**Name Simple Objects**_____
Use Simple Questions _____	Engage in Conversation _____	

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

Crawl _____	**Sit** _____	**Stand** _____
Walk _____	Feed Self _____	Dress Self _____
Use Toilet _____	Use Utensils _____	Drink from cup _____

Does the child have difficulty walking, running, or participating in other activities which requite small or large muscle coordination? _____

_____

Are there of have there ever been any feeding problems? If yes, describe: _____

_____

Is the child considered to be a picky eater? _____

_____

Describe the child's response to sound. _____

_____

Educational History

School: _____ Grade: _____

Teacher(s):_____

How is the child doing academically? _____

_____

Does the child receive special services? If yes, describe. _____

_____

How does the child interact with others? _____

_____

Has an IEP of IFSP been developed for the child? _____

Please provide any additional information that might be helpful in the evaluation or remediation of the child's problem. Please include any goals you would like to focus on. _____

_____

_____

Person completing form:_____

Relationship to child:_____