



SPEECH SPOT LLC

Children's Speech Therapy

Case History Form

Patient's Name: _____

Name of person completing form and relationship to patient: _____

Main Speech/Language concerns: _____

Patient lives with (please check):

Birth Parents One Parent Foster Parents Adoptive Parents Parent and Step Parent Other _____

Speech/Language History

Other children in the family:

Name	Age	Sex	Grade	Speech/Language/Hearing Problems

Is there a history of speech/language/hearing/learning delays or other health difficulties with parents or extended family members? (please circle) Y N

If yes please explain: _____

Has your child received a speech or language evaluation/screening before? (please circle) Y N

If yes, when and where? _____

What were you told? _____

Has your child received speech therapy before? (please circle) Y N

If yes, when and where? _____

What was he/she working on? _____

Has your child received any other evaluation or therapy (physical therapy, developmental therapy,

occupational therapy, counseling etc.) Y N

If yes, please describe _____

When did you first become concerned with his/her speech and/or language skills? _____

Is your child aware of, or frustrated by any speech/language difficulties? Y N

If yes, please describe _____

Does your child appear to have difficulty understanding what you say or following directions?

Y N If yes, please explain _____

Please select the statement that describes your child's speech sounds or articulation:

- I understand my child's speech all of the time.
- I understand my child's speech most of the time (75%).
- I understand my child's speech some of the time (50%).
- I rarely understand my child's speech (less than 50%).

Please select the statement that best describes how your child communicates:

- | | |
|--|---|
| <input type="checkbox"/> Gestures/pointing/body language | <input type="checkbox"/> 4-5 word sentences (e.g. "I want juice please) |
| <input type="checkbox"/> Sounds (vowels, grunting) | <input type="checkbox"/> 5+ word sentences |
| <input type="checkbox"/> single words (e.g. dog, up, hi) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 2-3 word sentences (e.g. want more milk, brown dog) | _____ |

Birth History

Was there anything unusual about the pregnancy or birth? (e.g. premature birth, sicknesses, birth complications, stayed in the hospital for extended time) Y N

If yes, please describe _____

Mother's age when child was born? _____

Medical History

Has your child had or been diagnosed with any of the following? (please check)

- Ear Infections (How many? _____) Ear Tubes Hearing loss/Deafness Thumb Sucking
- Allergies Asthma Cleft Lip/Palate Seizures ADD/ADHD Tongue Clip
- Hoarse Voice Meningitis Adenoidectomy Tonsillectomy Vision Problems Autism
- Down Syndrome Other _____

Please describe any illnesses or medical problems or diagnoses your child has had: _____

Has your child ever been hospitalized, had a serious accident or had an operation? Y N

If yes, please explain _____

Please list any medications your child takes regularly: _____

Last hearing exam: When? _____ Results? _____

Last vision exam: When? _____ Results? _____

Developmental History

Please indicate the approximate age your child achieved the following developmental milestones:

_____ said first words _____ spoke in short sentences _____ crawled

_____ walked _____ potty trained

Do you see your child's development as similar to other children of the same age? Y N Please explain if "no":

School History (if applicable)

Name of school: _____

What are your child's strengths or best subjects? _____

Is your child having difficulty with any subjects? _____

Is your child receiving help in any subjects? Y N If yes please explain: _____

What do you see as your child's biggest challenge(s) in school? _____

Family Input – How Can We Help?

What would you like to get out of your visit today? _____

What are your families goals/hopes for your child's speech skills? _____

Do you have any other suggestions or concerns? _____

☺ Thank you for taking the time to complete this case history! ☺

Your input is greatly appreciated!

Speech Spot LLC