phone: 586-307-4757
fax: 855-393-6740
email: office@nhspeech.com
web: www.nhspeech.com

Case History Form

General Information

Child's Name:____Date of Birth:_______________
Address:____ Phone:____________________
City:____ Zip:_______________________
Mother's Name:____
Mother's Occupation:_____________________________________ Business Phone:______________
Father's Name:____
Father's Occupation:_____________________________________ Business Phone:______________
Referred by:____
Pediatrician:____
Address:____

Child's Siblings

Name	Age	Speech Impairment?	Physical Impairment?

Is there a family history of speech, language or hearing problems in your family? If yes, please describe.
____
____

What is the primary language spoken in the home? Does the child have exposure to any language besides English?
____
____

What concerns you most about your child?
____
____

When was the problem first noticed?
____
____

How does the child usually communicate (gestures, pointing, single words, phrases, sentences)?____

Birth History
Was this a full term pregnancy? _______ Was the child premature? If so by how many weeks?_______

Were there any medical problems following delivery? ________ If so please explain
____
____
____
____

Did your child go home with you? ______ If not how long did he/she remain in the hospital?________

Developmental History
Provide the approximate age at which the child first did the following activities:

Sat unsupported_________________
Crawled _______________________
Pulled to standing _______________
Walked _______________________

Fed self (with hands)________________
Fed self (with utensils)_______________
Used toilet ________________________
Dressed self _______________________

Did the child vocalize or babble as an infant?____
At what age did he/she begin producing first words?____
What were some of your child's first words?____
When did your child begin producing two-word phrases (e.g. go home, hi mommy)________________
When did sentences emerge and were they clear?____
Does the child point and/or grunt to make wants/needs known?_________________________________

Has your child ever had any feeding or swallowing problems (e.g. problems with sucking, chewing, drooling, swallowing, gagging, vomiting, weight gain, etc.)? If yes please describe.________________
____
____

Has your child has a hearing test?_________. If yes, when and where?__________________________
Please provide a copy of the results

Has your child ever been diagnosed with a medical disorder?________________ If so, by whom, when and what was the diagnosis?____
____
____

Has your child had a speech/language evaluation prior to this one? Yes No
If yes, where? ______________ When? _____________
What were the recommendations? ____

Are there any special needs or circumstances that the clinician should be aware of?
____

Daily Behavior
Does your child sleep well? Yes No
Does your child eat well? Yes No
Does your child more often Play alone Play with others
Age of playmates____________________________
How does your child get along with other children?____
How does your child get along with adults?____
Any behavioral problems?____
What types of discipline are used?____
What types are most effective?____
What are some of your child's most preferred toys/games?
____

School Information
Name of school: ____
Type of classroom: ____
Is your child receiving speech therapy in his/her school program? Yes No
If so, how often? ____

General Health
Describe any major illnesses or injuries your child has had: __________________________________
____
Describe child’s overall health:____
Medications taken: ____
____
Allergies:____
____
Does your child have seizures? If yes, what are any known triggers: ____________________________
____
What are your goals/expectations for this evaluation?____
____

Is there anything else your would like us to know about your child that would impact our evaluation and/or treatment? ____
____

Any additional comments: ____
____

I have received and read a copy of the payment and cancellation policies at this office. I understand that I am responsible for all charges not covered by insurance.

Parent/guardian signature ____ Date: _____________