

**CHILDREN'S CASE HISTORY**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Referred by \_\_\_\_\_

**CONCERNS:** Describe the speech, language and/or swallowing problems briefly. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BIRTH HISTORY**

YES	NO	
		Birth Weight:
		Estimated duration of labor:
		Were instruments used during delivery? Which type?
		Type of delivery: Head first    Feet first    Breech    Caesarian
		Did the child look white, blue or yellow after birth?
		Did the child come home from the hospital with the mother?
		Did the child have any trouble breathing after birth?
		Was the cord wrapped around the child's neck?
		Was oxygen given? How long?
		Was the child Jaundiced?
		Were there birth injuries?
		Were there sucking or feeding problems? Breast or Bottle
		Please describe any conditions which were not normal:
		Did the mother have any illnesses during her pregnancy?
		Take medicine (other than vitamins)?
		Almost have a miscarriage? If yes to any of these, explain:
		Is the mother R.H. negative?



## SPEECH LANGUAGE AND SWALLOWING DEVELOPMENT

<b>Age</b>		
	<b>Speech Problem was first noticed</b>	
	<b>Spoke first words</b>	
	<b>Spoke in two – three word phrases</b>	
	<b>Asked simple questions</b>	
	<b>Engaged in conversation</b>	
	<b>Previous speech language evaluation or treatment</b>	

<b>Yes</b>	<b>No</b>	
		<b>Does the child still drool?</b>
		<b>Is the child a picky or fussy eater?</b>
		<b>Does he have trouble swallowing?</b>
		<b>Has the child ever had GERD (reflux)?</b>

Do you consider problem to be	<b>Severe</b>	<b>Moderate</b>	<b>Mild</b>
<b>How much of the child's speech does the family understand:</b>	<b>All</b>	<b>Some</b>	<b>Very Little</b>
<b>Child's voice sounds too</b>	<b>Loud    Soft</b>	<b>Nasal</b>	<b>Hoarse</b>
<b>List any foreign languages spoken in home?</b>			
<b>Who can understand the child's speech most of the time?</b>	<b>Mother/Father</b>	<b>Other children</b>	<b>Other Adults</b>
<b>Describe how speech language developed compared to rate of development in other children</b>			
<b>Describe how swallowing or feeding developed compared to other children</b>			

## PHYSICAL DEVELOPMENT

<b>Age</b>		
	Sat alone	
	crawled	
	Walked alone	
	Day time bladder control	
	Night time bladder control	
	Fed self	
	Dress self	

## SCHOOL HISTORY

<b>Name of Child's School</b>		
<b>School District</b>		
<b>Name of Teacher</b>		
<b>Present Grade level</b>		
<b>Current grades</b>	<b>Reading</b>	<b>Math</b>
	<b>Spelling</b>	<b>Conduct</b>
<b>Special problems in school</b>		

## HOME BEHAVIOR

<b>Yes</b>	<b>No</b>	
		Does the child; have any close friends?
		play actively with other children?
		care for himself like other children his age?
		have trouble sleeping?
		have frequent night mares or unusual fears?
		look at you when talking?
		wet the bed?
		day dream?
		have temper tantrums?
		have aggressive behavior?
		have mood swings?
		have trouble concentrating?
		have poor eye contact?
		have hyperactive behavior?

<b>Clumsy</b>	<b>Quiet</b>	<b>Cautious</b>	<b>Loner</b>	<b>Shy</b>	<b>Passive</b>
<b>Agile</b>	<b>Loud</b>	<b>Outgoing</b>	<b>Stubborn</b>	<b>Impulsive</b>	<b>Aggressive</b>
<b>Friendly</b>	<b>Risk Taker</b>	<b>Confident</b>	<b>Picky Eater</b>	<b>Distant</b>	<b>Affectionate</b>

## FAMILY HISTORY

	Mother	Father	Other
<b>Name</b>			
<b>Age</b>			
<b>Address</b>			
<b>City, State Zip</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Cell Phone</b>			
<b>E Mail</b>			
<b>Employer</b>			
<b>Occupation/Title</b>			
<b>Level of education</b>			

Family/Household Members	Relation to Patient	Date of Birth	Grade/Occupation

Yes	No	
		<b>Are parents married?</b>
		<b>Are parents separated or divorced?</b>
		<b>Child's age at time of separation:</b>
		<b>Was the child adopted? How old was the child?</b>
		<b>Who is primary caregiver in the family?</b>
		<b>Have any family member had the following:</b>
		<b>Cleft lip/palate</b>
		<b>Stuttering</b>
		<b>Talked late</b>
		<b>Learning difficulties</b>
		<b>Mental illness</b>
		<b>Mental retardation</b>
		<b>Attention Deficit Disorder</b>