

### 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 suckling 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?