Speech, Language and Hearing Case History

Dear Parent/Guardian:

The information that is requested on this form is designed to provide a better understanding of your child's speech, language and hearing. Please fill out this form as fully and accurately as possible, and return the completed form to:

Next Generation Therapy Services
3720 DaVinci Court
Suite 250
Peachtree Corners, GA 30092

If you are unable to return the form prior to the meeting please bring it with you. If there are any items that you do not fully understand, please circle the question. All information on this form will be treated confidentially and will not be released without your permission.

Speech, Language and Hearing Case History

CONFIDENTIAL

Identifying Information

Date _____

Child's Name _____

Sex: ◯M ◯F Age_____Birth Date _____

Mother's Name_____

Father's Name _____

Address _____

City_____State_____Zip_____

Phone_____Cell Phone _____

Email Address _____

School_____

Insurance_____

Referred by _____

Name of Person Completing This Form _____

Relationship to Child _____

Family Information

Mother's Occupation_____Father's Occupation _____

Education_____Age_____Education_____Age _____

Child lives with: ◯both parents ◯father ◯mother ◯other

Other adults living in the home_____

Who usually takes care of your child?_____

Children in the family:

Name	Age	Sex		Special problems
_____	_____	◯M	◯F	_____
_____	_____	◯M	◯F	_____
_____	_____	◯M	◯F	_____
_____	_____	◯M	◯F	_____
_____	_____	◯M	◯F	_____
_____	_____	◯M	◯F	_____

Child's development

Birth History

Mother's health during pregnancy _____

Pregnancy duration _____ Birth weight _____

Complications: ☐ Prolonged ☐ Breach ☐ Caesarean ☐ Other:

_____

Baby's health (color, jaundice, bruises, breathing problems, incubator, abnormalities)?:

_____

Feeding problems?

_____

Speech and Hearing

What were child's first words? _____ Age _____

First two-word phrases _____ Age _____

What percent (%) of the time is the child's speech understood by:

Mother _____% Father _____% Brothers and sisters _____%

Playmates _____% Friends _____% Teachers _____% Other relatives: _____%

Does your child customarily communicate by use of *(check all that apply)*:

☐ Gestures ☐ Pantomime ☐ Sounds ☐ One or two words ☐ Phrases ☐ Complete sentences

Does your child understand and/or speak another language other than English? ◯ Yes ◯ No

If yes, explain _____

Which is the predominant language at home? _____

Vocabulary: How many words can your child say?

◯ 1-10 ◯ 10-50 ◯ 50-100 ◯ 100-300 ◯ 300-500 ◯ Over 500

Give a few examples of phrases and/or sentences that your child typically uses at this time.

_____

Do you think that your child has a hearing problem? ◯ Yes ◯ No

If yes, explain _____

Has your child's hearing been tested? ◯ Yes ◯ No By whom? _____

Findings _____

Motor Development

At what age did your child:

_____ Sit without support _____Walk, holding on to furniture _____Walk alone

_____ Drink from cup, no help _____Eat with utensils _____Finish toilet training

Health History

Child's physician _____

Address _____

Others consulted _____ _____

_____ _____

Have child's eyes been examined? ◯Yes ◯No By whom? _____

Findings _____

Is child receiving any medication or physical /occupational therapy now? ◯Yes ◯No

What kind? _____

Why? _____

Please indicate the **age** at which any of the following apply:

_____ Adenoidectomy
_____ Allergies
_____ Asthma
_____ Blood Disease
_____ Chicken pox
_____ Chronic colds
_____ Convulsions
_____ Cross-eyed
_____ Croup
_____ Dental problems
_____ Diphtheria
_____ Drooling
_____ Ear infections
_____ Encephalitis
_____ Headaches
_____ Head injuries
_____ Heart problems
_____ High fevers
_____ Influenza
_____ Measles
_____ Meningitis
_____ Mumps
_____ Muscle disorder
_____ Nerve disorder
_____ Orthodontia
_____ Pneumonia
_____ Rheumatic fever
_____ Scarlet fever
_____ Tonsillectomy
_____ Tonsillitis
_____ Vision
_____ Whooping cough
_____ Heart problems
_____ Other

If you checked any of the above, please describe:

Social Development

Describe your child's personality.

What are his/her favorite activities?

Describe any social problems your child has with friends or family.

Any other comments which you feel will be helpful in evaluating your child?

- This completes your case history form -