

## CHILD/ADOLESCENT CASE HISTORY FORM

To assist us with learning more about your child's communication skills, please complete the following form. Write NA in the questions that do not apply to your child.

### INTRODUCTION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

**What are your concerns about your child's communication?**

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**What do you want to know when we're done?**

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**What does your child do well?**

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**What does your child need help doing?**

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**Describe your child's favorite activities:**

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**BACKGROUND INFORMATION**

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip: \_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

Who referred you to this clinic? \_\_\_\_\_

Has the child been diagnosed with any of these? intellectual disability \_\_\_\_ cerebral palsy \_\_\_\_

down syndrome \_\_\_\_ chronic middle ear infections \_\_\_\_ learning disability \_\_\_\_

attention deficit disorder \_\_\_\_ attention deficit hyperactivity disorder \_\_\_\_ down syndrome \_\_\_\_

central auditory processing disorder \_\_\_\_ cleft lip or palate \_\_\_\_ emotional disability \_\_\_\_

developmental delay \_\_\_\_ autism spectrum disorder \_\_\_\_

If you checked any of these, please tell when \_\_\_\_\_ and who made the diagnosis

\_\_\_\_\_.

Does the child have any other diagnoses including medical diagnoses? \_\_\_\_\_

If so, please describe.

\_\_\_\_\_

**BIRTH HISTORY**

Describe the child's birth. Report any unusual conditions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMUNICATION DEVELOPMENT**

Did the child make sounds during infancy? \_\_\_\_\_ At approximately what age? \_\_\_\_\_

With or without you talking to him/her? \_\_\_\_\_ Age of first words \_\_\_\_\_

Age at which child put two words together (Ex. "Want cookie.") \_\_\_\_\_ Age at which child put three words together (Ex. "Mommy go bye-bye.") \_\_\_\_\_ Did the child talk little or much? \_\_\_\_\_

Describe: \_\_\_\_\_

Any periods when the child quit talking? \_\_\_\_\_ Describe \_\_\_\_\_

Does the child have any trouble pronouncing words? \_\_\_\_\_ Does the child have difficulty understanding what is said? \_\_\_\_\_

Does the child have difficulty expressing her/himself verbally? \_\_\_\_\_

If yes, describe. \_\_\_\_\_

Has there been previous speech/language testing? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Results: \_\_\_\_\_

Have there been any relatives with speech/language problems? \_\_\_\_\_ If yes, please state relationship(s) and describe the problems \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MOTOR DEVELOPMENT**

Age of holding head up: \_\_\_\_\_ Age of sitting up: \_\_\_\_\_

Age of first steps alone: \_\_\_\_\_ Describe Coordination: \_\_\_\_\_

**MEDICAL HISTORY**

**VISION**

Date of last vision examination? \_\_\_\_\_

Results? \_\_\_\_\_

Describe any history with vision problems.

\_\_\_\_\_

Describe any history with glasses (age they were prescribed. When are glasses worn?)

\_\_\_\_\_

**HEARING**

Date of last hearing examination? \_\_\_\_\_

Results? \_\_\_\_\_

Describe any history with ear infections (ages, medications, PE tubes, etc.)

\_\_\_\_\_

\_\_\_\_\_ Describe any history with hearing aids/ cochlear implants (ages, which ear/s, types of aid, etc.)

\_\_\_\_\_

**SEIZURES**

If the child has had any seizures, please explain: (Dates, all medications, results, current status)

\_\_\_\_\_

\_\_\_\_\_

If the child has a history of fainting spells, please explain: (Dates, situation, medical tests, results, current status)

\_\_\_\_\_

**ALLERGIES**

Please list all known allergies:

\_\_\_\_\_

\_\_\_\_\_

Please describe immediate action to be taken in case of contact with allergen (s):

\_\_\_\_\_

\_\_\_\_\_

**GENERAL MEDICAL**

Age of bladder control during the day \_\_\_\_\_ During the night \_\_\_\_\_

Describe any sleeping problems.

\_\_\_\_\_

**SCHOOL HISTORY**

Child's grade level: \_\_\_\_\_

Describe your child's strengths at school:

\_\_\_\_\_

\_\_\_\_\_

Check any areas that are problems at school, then elaborate in the space below:

Subjects: Reading \_\_\_\_ Writing \_\_\_\_ Spelling \_\_\_\_ Math \_\_\_\_ Content areas (e.g., history) \_\_\_\_\_

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Skills: Paying attention \_\_\_\_ expressing him/herself \_\_\_\_ memory \_\_\_\_ getting along with peers \_\_\_\_  
working independently \_\_\_\_ other things you notice (please describe) \_\_\_\_\_

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Does your child receive any of the following supports?

Special education (specify the reason)

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Resource room (describe)

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Tutoring (describe)

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**Observations:**

What do teachers say?

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What do you notice?

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Describe any changes over time:

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How are your child's grades?

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**SOCIAL AND HOME ENVIRONMENT**

**Home environment:**

Who lives with the child now?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who else does the child regularly spend time with?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's race/ethnic group:** Caucasian \_\_\_\_\_ non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_

African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Describe any learning/developmental/social/medical problems in the family: \_\_\_\_\_

**Social:**

Does your child have friends? Many? \_\_\_\_\_ A few \_\_\_\_\_ Very few \_\_\_\_\_

Does your child mostly socialize with children: his own age? \_\_\_\_\_ Younger? \_\_\_\_\_ Older? \_\_\_\_\_

What is the child's attitude toward the speech problem? \_\_\_\_\_

What is the attitude of the family & friends towards the child's speech problems? \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL QUESTIONS OR COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_