

CASE HISTORY FORM - CHILD

IDENTIFYING INFORMATION

Child's Name _____ Birthdate _____ Sex _____

Address _____
Street City State Zip

Parents _____ Caregiver _____

Phone: Home _____ Work _____ Cell _____ Email _____

Pediatrician _____ Referral source _____

Office Requested (please circle): San Mateo Menlo Park Santa Cruz Any
Appointment Availability (please circle): Morning Afternoon M T W Th F

DESCRIPTION OF THE PROBLEM

Describe child's speech and language problems

When and how did you become aware of the problems?

FAMILY

	Name	Age	Occupation	Education
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____

Parents are: married _____ separated _____ divorced _____ widowed _____ partnered _____

Is child adopted? _____ If so, when? _____

Children in the family

Name	Age	School status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others living in the home

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____

Primary language at home _____ Other languages spoken _____
Primary language of child _____ % of second language use by child _____

Have any family members had: (Please describe)

Speech/lang. problems _____	Allergies _____
Hearing impairments _____	Behavior problems _____
Neurological problems _____	Learning problems _____
Chronic illnesses _____	Others (please specify) _____

List and describe relevant special services which family members have received from specialists such as speech pathologist, psychologist, neurologist, ENT specialist, tutor, etc.

EARLY DEVELOPMENT

Pregnancy and Birth

How many pregnancies has mother had? _____ Which pregnancy was this child? _____
Any miscarriages or stillbirths? _____ How many living children? _____

During the pregnancy with this child was there:

Anemia _____	Rh Incompatibility _____	Smoking _____	Medication (specify) _____
Diabetes _____	German Measles _____	Alcohol/drugs _____	Injuries (specify) _____

Anything unusual during this pregnancy? _____

This child's labor/delivery/birth were:

Full term _____	Premature _____	# of weeks _____	Birthweight _____
Normal _____	Caesarian _____	Breech _____	Apgar score _____
Complications? _____			
Cyanosis _____	Jaundice _____	Incubator _____	How long? _____

Problems with: Nursing _____ Sucking _____ Swallowing _____ Drooling _____?

Any problems during the first month? _____

Developmental Milestones

List the ages at which the following skills emerged:

Sat _____ Crawled _____ Stood alone _____ Walked alone _____

Bladder control _____ Bowel control _____ Night trained _____

Dressed w/supervision _____ Fed self w/supervision _____

Anything in his/her development that concerned you the first 18 months? _____

HEALTH AND MEDICAL

Give ages at which child had any of the following:

- | | |
|----------------------|------------------------------------|
| Measles _____ | Skull fractures _____ |
| Mumps _____ | Limb fractures _____ |
| Chicken Pox _____ | Ingestion of poison _____ |
| High fevers _____ | Upper respiratory infections _____ |
| Meningitis _____ | Ear infections _____ |
| Encephalitis _____ | Bronchitis/Pneumonia _____ |
| Concussions _____ | Allergies _____ |
| Seizures _____ | Others (list) _____ |
| Frequent falls _____ | Others (list) _____ |

Describe and give ages of child's hospitalizations, including emergency room: _____

Child's general health is _____

Current medications or treatments: _____

Any allergies, dietary restrictions, medication needs we should be aware of? _____

Does child have:

Visual defects _____ Glasses _____ Hearing defects _____ Hearing aids _____

Oral defects (teeth/tongue/jaw/palate) _____ Orthopedic defects _____

Has child been seen by specialists? _____ List name, specialty, child's age, and results of consultation. **Please include date and results of most recent hearing test and/or screening.**

SPEECH AND LANGUAGE

Did child make sounds in first 6 months? _____ Imitate & repeat sounds by 9-12 months? _____

First word was " _____ " at age _____ 2-3 word phrases were used at age _____

Average # of words in utterances now: _____ Examples: _____

Did speech/lang. slow down or stop? _____ Describe: _____

His/her speech is _____% understandable to parents and _____% understandable to others.

Which is true of the child's language development (check 1 in each area)

- | | | |
|---|--|--|
| <u>Understanding</u> | <u>Expression</u> | <u>Speech</u> |
| ___ Understands tone of voice and gestures | ___ Communicates with tone of voice and gestures | ___ Not understandable; not intelligible |
| ___ Responds to simple 1-step verbal commands | ___ Uses 1-20 recognizable consistent single words | ___ Understandable to family only |
| ___ Responds to wh questions and series of directions | ___ Uses 50+ single words and short sentences | ___ Understandable to most other listeners |
| ___ Understands stories and conversational speech | ___ Converses at complex sentence level | ___ Speech is completely intelligible |

Does child know there is a problem? _____ How does child react? _____

Does child try to self-correct? _____ How? _____

Has the family tried to help child? _____ How? _____

EARLY BEHAVIOR AND SOCIAL SKILLS

Check those behaviors which describe your child.

- | | | |
|---|--|---|
| <input type="checkbox"/> Mostly random actions | <input type="checkbox"/> Does not yet imitate | <input type="checkbox"/> Very high activity |
| <input type="checkbox"/> Brief att'n to structured tasks | <input type="checkbox"/> Imitates motor & play tasks | <input type="checkbox"/> Impulsive behavior |
| <input type="checkbox"/> Maintains att'n for activities | <input type="checkbox"/> Imitates sounds & words | <input type="checkbox"/> Inflexible, rigid |
| <input type="checkbox"/> Inconsistent response to rewards | <input type="checkbox"/> Unaware/avoids/ignores others | <input type="checkbox"/> Plays mostly alone |
| <input type="checkbox"/> Responds to food reinforcement | <input type="checkbox"/> Interacts w/ familiar people | <input type="checkbox"/> Parallel play |
| <input type="checkbox"/> Responds to prizes/social praise | <input type="checkbox"/> Interacts well-adults & peers | <input type="checkbox"/> Interactive play |

Age of most frequent playmates _____ Child's personality is: _____
 Favorite: toy _____ game _____ activity _____ TV show _____ food _____
 Any concerns about behavior or social skills? _____

EDUCATION

List the child's school history. Include nursery and preschool.

<u>School</u>	<u>Grades or Ages</u>	<u>Location</u>	<u>Hours per Week</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current grade: _____ School: _____ Teacher: _____
 Any grades repeated? _____ Which? _____ Why? _____
 Strongest school subjects _____ Weakest school subjects _____
 Describe any special problems in school _____
 Special school or private educational services the child has received _____

MISCELLANEOUS

What is your greatest concern at this time? _____
 Who else has voiced concerns? _____ Their comments: _____

Any further information that may be pertinent?

Any specific questions you would like to discuss?

Signature

Relationship to Child

Date

120A Santa Margarita
 Menlo Park, CA 94025
 (650) 324-0648

760 Polhemus Rd.
 San Mateo, CA
 94402

550 Water St. Ste. F-1
 Santa Cruz, CA 95060
 (831) 247-8126