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GENERAL CASE HISTORY: CHILD

NAME: _____ DATE: _____
ADDRESS: _____ INFORMATION GIVEN BY: _____
INTERVIEWER: _____
BIRTHDATE: _____ SEX: _____ REFERED BY: _____
PARENTS NAMES: _____ REPORTS TO BE SENT TO: _____
TELEPHONE NUMBER: _____
MOTHER'S WORK NO: _____
FATHER'S WORK NO: _____

CONCERNS: Describe the speech and/or hearing problems briefly. _____

SECTION I – Speech Development

- (1) At what age was a speech problem first noticed? _____
- (2) Do you consider this problem severe? _____ moderate? _____ mild? _____
- (3) How much of the child's speech can the family understand? All ____;
Most ____; Some ____; Very little _____. How much can other adults or
strangers understand? All ____; Most ____; Some ____; Very little _____.
- (4) Do parents feel the child stutters or stammers? _____
- (5) Does the child's voice sound like other children's voices? Yes ____; No ____.
If no, describe: Very soft ____; Very loud ____; Hoarse ____; Nasal ____; Other

- (6) How old was the child when he began to say words? ____; Putting 2 or 3 words
together in a phrase such as "go bye-bye"? _____

- (7) Do you feel speech developed at a normal age and rate as compared to other children? Yes ____; No ____ . If not, describe _____

- (8) Was any foreign language taught to the child or spoken at home? Yes ____;
No ____ . If so, what language? _____
- (9) Has the child ever been evaluated by any speech or hearing specialist? Yes ____;
No ____ . Who? _____
- (10) Has the child had speech therapy? Yes ____; No ____ Where? _____
When? _____

SECTION II – SCHOOLS

- (1) Name of the child's school _____
School district _____ Teacher _____
- (2) What grade is the child in presently? _____ Has he repeated any grades? ____
What grades? _____ What grade is he now making in reading? _____
Spelling? _____ Arithmetic? _____ Writing? _____ Conduct? _____
- (3) Has the child had any special problems in school? Yes ____; No ____ . If so,
explain _____

SECTION III – Behavior at Home

- (1) Describe any behavior which is a problem to the parents. _____

- (2) Does the child have any close friends? Yes ____; No ____
Does the child play actively with other children? Yes ____; No ____
- (3) Does the child care for himself (dressing, eating, etc.) like other children his age?
Yes ____; No ____
- (4) Does the child have trouble sleeping? _____ Have frequent nightmares?
_____ Have unusual or strong fears? _____

SECTION IV – Birth History

- (1) Is the mother R.H. negative? _____ Did the mother have any illnesses during her pregnancy with this child? _____ Take medicine (other than vitamins)? _____ Almost have a miscarriage? _____ If yes to any of these, explain:

- Has the mother had previous miscarriages? _____
- (2) Was labor very long or especially short? _____ If yes, estimate time _____ Was the birth of the child normal? _____ If not, explain _____

- (3) Did the child have any trouble breathing after birth? _____ Did the child look blue or yellow after birth? _____ Did the child come home from the hospital with the mother? _____ If not, why? _____
- (4) Please describe any conditions concerning pregnancy or birth of this child which were not normal _____

SECTION V – Physical Development

- (1) At what age did the child sit alone? _____ Crawl? _____ Walk alone? _____ Achieve bladder control? _____ Day _____ Night _____ Achieve bowel control? _____ Day _____ Night _____ Feed self? _____ Dress self? _____
- (2) Did the child achieve these skills at about the same rate as other children? Yes _____; No _____ If not, describe _____

- (3) How was the child fed? Bottle? _____ Breast? _____
- (4) Describe feeding problems, if any. _____

- (5) Is the child a “picky” or “fussy” eater now? _____ Does he seem to have any trouble swallowing? _____ Chewing? _____
- (6) Does the child still drool? Yes _____; No _____ If so, when? _____

SECTION VI – Medical History

Child's doctor (pediatrician)

Address _____

List others who have seen the child, such as ear, nose and throat doctor: _____
Neurologist: _____ Psychologist: _____ Other: _____

Please list any illnesses, injuries or operations on the child.

<u>Type</u>	<u>Age</u>	<u>Severity of Condition</u>	<u>Treatment</u>	<u>Fever</u>	<u>Complications</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has the child's hearing ever been tested? Yes _____; No _____. If so, by whom? _____
Results? _____

Does he wear a hearing aid? _____ If yes, for how long? _____

Is there any reason to believe that he might have a hearing problem? _____

If so, please describe _____

Have his eyes been examined? Yes _____; No _____ If so, by whom? _____
When? _____ Results _____

Has he ever worn glasses? _____ If not, is there any evidence of a visual problem? _____

Does the child have any allergies? Yes _____; No _____. List and describe treatment, reaction, and severity _____

About how many colds does the child have per year? _____ Is the child in good physical health now? Yes _____; No _____ If not, describe condition _____

Current Medications:

<u>Name</u>	<u>Dosage</u>	<u>Length of time to be taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION VII – Family

- (1) Are the parents now separated? _____ Divorced? _____. If so, how old was the child when this occurred? _____ Who has custody? _____
- (2) Is the child adopted? _____ If so, how old was he when he was adopted? _____
- (3) Father's occupation _____ place of employment _____
Level of education _____
Mother's occupation _____ place of employment _____
Level of education _____
If mother works, who takes care of the child? _____
How old was the child when the mother went to work? _____

- (4) List other children in the family:

<u>Name</u>	<u>Age</u>	<u>Grade in School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (5) Are there others living in the home besides parents and children? _____

- (6) Are there relatives on either side of the family who have had:
Cleft lip and/or palate? _____
Trouble speaking or who had been late to talk? _____
Trouble hearing, or deafness? _____
Trouble learning in school? _____ Failed 2 or more grades? _____
Dropped out of school due to failure? _____ Problems learning to read? _____
Problems such as: Mental retardation? _____; Epilepsy? _____;
Cerebral Palsy? _____; Other? _____
