



CASE HISTORY QUESTIONS

Child's Name: _____ Date: _____
Name of Informant: _____ Relationship to child: _____
Contact Number: home/work/cell: _____
Physician Name and Telephone Number: _____

REASON FOR REFERRAL

What prompted you to refer your child for a speech and language evaluation?

What concerns do you have with your child's communication?

What kinds of things have you tried to help your child learn to talk?

What outcomes would you like to see if your child qualifies to receive speech and language therapy? _____

Are you willing to incorporate suggested activities into your daily routine to help your child's progress? _____

PREGNANCY/BIRTH (if additional space is needed – use back side of paper)

Did you carry your child full term? _____ Birth weight = _____

Did you have a natural birth? Or did you have a C-section?

Any complications during pregnancy and/or the birthing process?

Were you in good health throughout your pregnancy?

Were you taking any medications during your pregnancy?

How long did mom stay in the hospital?

Did mom and child leave the hospital together?

Were any follow-up doctor visits required? If so, what for? _____

MEDICAL HISTORY

Has your child ever been hospitalized? If so, what was the reason?

Has your child had any serious injuries? If so, what were they? _____

Has your child had any major illnesses? _____

Do you consider your child to be healthy now? _____

MEDICATIONS/ALLERGIES

Does your child have any known allergies? _____

Is your child currently taking any medications? _____

Does your child get frequent ear infections? _____

VISION/HEARING

Did your child pass the hearing test at birth?

When was the last v/h test your child had? Results? _____

Does your child have tubes?

If so, how would you describe your child's hearing before/after the tubes were put in? _____

Is one ear better/worse than the other? _____

Are the tubes still in? _____

FAMILY HISTORY

How many siblings does ___ have? (List names and ages and if they are half or step siblings) _____

Who does your child live with? _____

If your child does **not** live with both parents, does the other parent have visitation rights? _____

Does anyone else in the family have the same difficulties that ___ has? _____

Do you have a system of consequences/rewards when your child misbehaves or does a good job? (please explain) _____

What does your family enjoy doing together? _____

MILESTONES

At what age did your child babble? _____

At what age did your child say his/her first word? _____

At what age did your child start putting two words together? _____

At what age did your child crawl? _____

At what age did your child walk? _____

Is your child potty trained? ____ if yes, at what age? _____

ORAL HYGIENE/FEEDING ISSUES

Does your child visit a dentist?

Is your child able to eat foods of varying consistency (thin, thick, chewy, crunchy etc.) without difficulty? (ie. Can they eat/drink liquids, yogurt, crackers, applesauce, ice cream, meat etc. without coughing, spitting, gagging, or choking?) _____

Does your child feed himself/herself?

Was your child *bottle* or *breast* fed? _____ how long? _____

Does your child continue to drink from a bottle?

Does your child experience a loss of liquid from the lips when drinking from a cup or bottle?

Does your child experience a loss of food when eating from a spoon/fork?

Does your child suck his/her thumb?

Does your child continue to use a pacifier? _____ How often? _____

Does your child breathe through his/her mouth or nose?

Do you have any concerns about how your child's mouth works for speech or eating?

ARTICULATION

Can you understand what your child says? Describe what his/her speech sounds like. (i.e. unintelligible, garbled, mumbled, soft, broken/incomplete etc.)

Can someone who is not familiar with your child understand him/her? _____

How does your child react when he/she is not understood?

What sounds can your child produce? (/p, b, m, d, t, k, g/)? Any other sounds?

LANGUAGE

Does your child understand **you** when you talk to him/her?

Does your child follow simple 1-2 step directions? (provide examples)

Does your child use words to name things around the house and/or people? (provide examples)

How many words is your child using right now? (list them)

Does your child use jargon (nonsense words)? Can you understand the content of what your child is saying to you? _____

Does your child put multiple words together when communicating?
(provide examples) _____

Does your child use inflection in his speech to show that he/she has communicative intent?
(i.e. Does the pitch change when your child speaks?) _____

How does your child express his/her wants/needs? (provide examples) _____

Does your child use *words* or *gestures* more to communicate? How so? _____

DAYCARE

Does your child attend a daycare? _____
If so, does your child behave the same way at daycare as he/she does at home? _____

Does your child follow a routine well? _____
How much time does your child spend with other children? _____

PRIOR THERAPY-SERVICES

Does your child receive any other therapy at this time?
Has your child received OT, PT, music etc. therapy in the past?
If so, how beneficial was it for your child? _____

BILINGUAL QUESTIONS (if applicable)

How long has your child lived in the US? _____
What is your child's primary language? _____
What language does your child prefer to speak? _____
Does your child have the same difficulties speaking in both languages? _____

Please explain: _____

Thank you for taking the time to help me understand your child's family/medical history, and developmental level. This information will help me appreciate your child's strengths and weaknesses in order to address specific goals to increase their communication skills! 😊