

## Pediatric Case History Form

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent E-mail: \_\_\_\_\_

(e-mail used only for communication from this office and for billing/receipts)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you? \_\_\_\_\_

\*Information provided in this history is confidential, and is used to help with the assessment of your child. This information will not be provided to other agencies without your written consent.

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**Family History:**

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

History of Speech, Language, or Learning problems? \_\_\_\_ YES \_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

History of Speech, Language, or Learning problems? \_\_\_\_ YES \_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Child's Siblings—Names & Ages: \_\_\_\_\_

Who currently lives in the home with your child? \_\_\_\_\_

Is there a family history (parents, siblings, aunts, uncles, cousins, grandparents) of any of the following?

Family Member	Family Member
Hearing Loss _____	Alcoholism _____
Learning Disability _____	Seizure Disorder _____
Reading Difficulty _____	Mental Illness _____
Speech Difficulty _____	Drug Abuse _____

Is English the primary language spoken in the home?  YES  NO

If NO, what is the primary language spoken in the home? \_\_\_\_\_

**Prenatal & Birth Complications:** Check any items that apply regarding the birth of your child:

*During pregnancy:*

- Excessive vomiting       RH Incompatibility       Significant Illness  
 Drug Use       Alcohol Use       Smoking  
 Previous Miscarriages       Trauma/Injuries       High Blood Pressure

Additional information: \_\_\_\_\_

*Labor & Delivery:*

- Full Term       Premature:  weeks early       Birth Weight  
 Normal Delivery       Forceps Delivery       Cesarean

*Complications After Birth:*

- Difficulty Breathing       Difficulty Sucking       Difficulty Feeding  
 Seizures       Jaundice       HIV       Sepsis  
 Extended Hospital Stay—How Long? \_\_\_\_\_

Please explain any items above: \_\_\_\_\_

**Medical History:** Has your child had any of the following?

- Chicken Pox       Encephalitis       Asphyxia (Oxygen/Breathing Loss)  
 Meningitis       Asthma       Allergies  
 Head Injury       Seizures       Tonsils/Adenoids Removed  
 Multiple Ear Infections       Tubes Inserted?      Which ear? \_\_\_\_\_

Additional Information: \_\_\_\_\_

List medications your child currently takes, dosage, and why: \_\_\_\_\_

List any other diagnoses your child has been found to have: \_\_\_\_\_

## Hearing History:

Do you suspect that your child has a hearing loss? \_\_\_\_\_

If YES, what behaviors does your child display that lead you to suspect hearing loss?

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Has your child's hearing been tested?    \_\_\_ YES    \_\_\_ NO

Where and When: \_\_\_\_\_

Results of Testing: \_\_\_\_\_

Does your child use Hearing Aids?    \_\_\_ YES    \_\_\_ NO

If so, which ears? \_\_\_\_\_

## Speech/Language Development: What age did your child demonstrate the following (estimate):

_____ Cooing, pleasure sounds	_____ Babbling (ba-ba, da-da)
_____ Jargon (talking in own special language)	_____ Single words
_____ Phrases (go bye-bye, more juice)	_____ Short sentences

How does your child let you know what he/she wants? Please check all that apply.

_____ Looking at Objects	_____ Pointing at Objects	_____ Gestures
_____ Crying	_____ Making sounds	_____ Touch/Grab
_____ Single Words	_____ 2-3 Words	_____ Sentences

Describe your child's speech:

\_\_\_\_\_ Easy to understand  
\_\_\_\_\_ Easy for family members to understand, difficult for others  
\_\_\_\_\_ Difficult for family members to understand and also difficult for others to understand

Does your child have difficulty pronouncing certain kinds of words? \_\_\_\_\_

Explain: \_\_\_\_\_

Does your child get "stuck" or "stutter" when speaking? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have concerns about your child's voice? (hoarse, breathy, too soft, very loud)

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Explain: \_\_\_\_\_

**Motor Development: What age did your child demonstrate the following (estimate)?**

\_\_\_\_\_ Sitting Up      \_\_\_\_\_ Crawling      \_\_\_\_\_ Standing  
\_\_\_\_\_ Walking      \_\_\_\_\_ Finger feeding      \_\_\_\_\_ Eating with spoon  
\_\_\_\_\_ Potty-trained      \_\_\_\_\_ Undressing self

Has your child had any feeding difficulties?

\_\_\_\_\_ Sucking or Nursing      \_\_\_\_\_ Excessive length of time to drink a bottle  
\_\_\_\_\_ Regurgitation of liquids or solids through nose      \_\_\_\_\_ Difficulty chewing/swallowing  
\_\_\_\_\_ Choking and/or gagging

Did your child drool more than other children his/her age? \_\_\_\_\_

Did your child have difficulty gaining weight as an infant? \_\_\_\_\_

**Social/Emotional Development: Check behaviors that describe your child:**

\_\_\_\_\_ Overly quiet      \_\_\_\_\_ Overly active      \_\_\_\_\_ Excessive tantrums  
\_\_\_\_\_ Destructive      \_\_\_\_\_ Friendly, outgoing      \_\_\_\_\_ Plays well with other children  
\_\_\_\_\_ Prefers older kids      \_\_\_\_\_ Prefers younger kids      \_\_\_\_\_ Defiant  
\_\_\_\_\_ Right handed      \_\_\_\_\_ Left handed      \_\_\_\_\_ Trouble sleeping  
\_\_\_\_\_ Plays poorly with other children      \_\_\_\_\_ Prefers to play by himself

Check all of the types of play your child likes to do most often:

\_\_\_\_\_ Putting toys in mouth      \_\_\_\_\_ Banging toys together      \_\_\_\_\_ Throwing toys  
\_\_\_\_\_ Pushing/pulling toys      \_\_\_\_\_ Uses toys appropriately      \_\_\_\_\_ Role-playing games  
\_\_\_\_\_ Make Believe play      \_\_\_\_\_ Plays games with rules      \_\_\_\_\_ Rough and tumble play

**Describe any evaluations or therapy for behavioral or emotional difficulties:**

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

**Educational History:**

Educational Setting      School Name and Approximate Dates

Preschool:

Elementary School: Grades \_\_\_\_\_

Middle School:      Grades \_\_\_\_\_

High School:      Grades \_\_\_\_\_

How many days per week does your child attend school? \_\_\_\_\_

Has your child been retained? If so, which grade? \_\_\_\_\_

Does your child have difficulty with:     Reading     Math     Writing

If YES, please explain: \_\_\_\_\_

List any accommodations made for your child at school: \_\_\_\_\_

List any special education services or IEP services your child receives at school:

Has your child ever been evaluated or attended therapy for:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Speech Therapy       | <input type="checkbox"/> Language Therapy |   |
| <input type="checkbox"/> Reading difficulty   | <input type="checkbox"/> Math difficulty  | <input type="checkbox"/> Writing Difficulty |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Physical therapy |   |

Please give locations and dates for above: \_\_\_\_\_