



Central Texas Speech Pathology Services, Inc.

Pediatric Speech-Language Case History

Child's Name: _____ Birthdate: ____/____/____
Physician's Name: _____ Doctor's Phone: _____
Referral Source (if different than regular doctor): _____
Person completing this form: _____ Relationship to patient: _____
Primary caregiver's name and preferred phone number: _____

Birth History

1. Was the child born full-term? **Y** **N** How many weeks? _____ Weight: _____ lbs, _____ oz

2. Was the pregnancy free of complications? **Y** **N**

If no, please describe (duration, reason, etc) :

Developmental History

1. Please give the approximate age the child achieved the following milestones:

_____ sat alone _____ walked _____ babbled _____ first words
_____ combined two words _____ spoke in short sentences _____ self-fed

2. Does the child have difficulty...

understanding you? following simple directions? make wants/needs known using words?
 responding to yes/no questions? communicating with gestures? become frustrated easily?

3. Has the child experienced feeding difficulties (e.g. breastfeeding, transitioning to solid foods, tolerating new foods, etc)?

Y **N** If yes, please describe: _____

Does the child experience...

constipation? food defensiveness? long mealtimes? _____ (approx length)
 frustration while eating? decreased weight gain? spitting out or gagging?

Medical History

1. Has the child had any of the following?

- adenoidectomy tonsillectomy allergies asthma ear tubes
 sleeping difficulties/snoring ear infections thumb sucking habit eczema
 seizures head injury respiratory infections pneumonia reflux

Please describe in detail any other medical issues you feel are pertinent to today's visit.

2. Please list any known allergies:

3. Please list any medications the child takes regularly:

4. Please list any other physicians or therapists involved in your child's care:

Speech/Language

1. Describe any communication difficulties:

2. When did the communication difficulties begin? _____

3. Has the child had a hearing test? Y N

If yes, when was the test and what were the findings?

4. Has the child ever had a speech/language evaluation? Y N

If yes, when and where was the evaluation?

What were the findings?

5. Has the child ever received speech/language therapy? Y N

If yes, when and how long was the course of treatment?

6. Are there any other concerns about the child's development? Y N

If yes, please describe:

7. Does the child exhibit any physical or emotional difficulties? Y N

If yes, please describe:

8. Does the child become agitated or frustrated because of lack of communication skills? Y N

Social Environment

1. Child lives with: _____

2. Child's languages and percentage of time used (e.g. English 75%, Spanish 25%):

3. Name of school/daycare and current grade/level:

4. How is the child doing academically or with peers?
