SPEECH AND HEARING CLINIC

University of South Alabama
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CHILD CASE HISTORY FORM (Speech-Language Pathology)

Date____

Childa Nama			Die	thdata	
Childs Name Female			Bir	indate	
Address					
Address		city		state	zip code
Home Phone	Cell			Work	p
E-mail					
Child's School				Grade)
Child's Doctor					
Persons Living in the Home:		_	_		
	Name	Age	Sex	Grade	Employer
Fath an				Reached	
Father Mother					
Others					
A. Background Information 1. Who referred you to this 2. Briefly describe the child 3. Describe previous treatn 4. Languages spoken in the 5. Check any of the following	r's communication properties and the properties and the properties and the properties are the properties and the properties are the properties and the properties are	oroblem:			
speech/language evalua		neurologic			_special education
speech/language therap		genetic ev	/aluation		_EMR crass
Hearing evaluation		occupatio			TMR class
Auditory processing eva	luation _	physical t	herapy		_EEH class
Psychological testing	_	academic	c tutoring		_LD class
Hearing impaired	_	homebou	ınd		
B. Pregnancy and Birth Infor 1. Any unusual illness durin (Measles, Rh blood factor, of	ng pregnancy diabetes, high blood	d pressure)			
Any history of maternal u	se of alcohol and/o	r drugs			
3. History of miscarriage:	yesno H	low many			
4. Length of pregnancy:	months 5. L	ength of lab	or:	hours _6	. Birth weight:
7. Child's condition at birth			rst APGAF	R: Se	econd APOAR:
Length of hospital stay a	itter delivery:				

Check any which apply:breech birthincubator used	C-section scars/bruises	instruments us	sedtrouble breathing dunusual color
C. <u>Developmental Information</u> : La Sat alone Crawled Walked unaided	ist age at which the Fed self Toilet trained Dressed self	child achieved the	following skills: Physical condition has been:fastslowaverage
D Medical Information: Check any Coordination problemsSwallowing difficultyFeeding problemsEye problemsAllergies - List Describe any serious illnesse	Ear infectionFrequent coConvulsionsHigh feversTonsillitisDental prob	ns/aches _ olds _ s/seizures _ - lems _	_Tongue thrust _Cerebral palsy _Cleft palate _Mental retardation _Autism _Brain injury
List medications child takes			
 Did child smile and cry appro At what age did child use sin At what age were you first co Do any family members have if so, describe Is there a history of mental re Is the child aware of his/her of Do you think the child is behalf yes, describe Can the child be understood 	agle words? concerned about the e speech and/or hea etardation in your fa communication prob ind in other areas?	child's communicat aring problems? mily?YesN blem?YesN YesNo	ion? _YesNo o o
 Does the child have a hearin Does the child wear a hearin Check any of the following w Poor comprehension Cannot follow directions Leaves out words in sent. Reverses order of words 	ng problem?Yes ng aid?Yes! which apply to the ch Jses incorrect/imma Jses gestures rathe Pronounces sounds	sNo Has child's No iild: ature grammar _ er than speech _ incorrectly _ s when talking _	hearing been tested?
F. Educational Information (if ap 1. Has the child ever repeated a gr If so, what grade and why? If so, des 2. Has the child ever received any 3. Does the child like school? 4. What are his/her best subjects?	ade?scribespecial help at scho	ool?	
5. Please indicate those subjects the factorial factoria	problem at school? ever requested that aying attention and f	his/her hearing, vis	sion or speech be tested?in the classroom?

3. Behavioral Information : Check	any of the following that relate to the	child's behavior.
Nervous or sensitive	Short attention	Withdrawn
Temper tantrums	Cries easily	In "own world"
Restless sleeper	Behavior problem	Shy
Demands attention	Slow learner	Overly active
Aggressive	Unusual fears	Thumb sucker
Prefers to play alone	Overly talkative	Wets bed
Does not separate from parent	·	
Additional comments:		