

Pediatric Speech Case History

Client Information:

Name: _____ Date of Birth: _____ Sex: _____

School: _____ Type of Classroom: _____

Grade: _____ Family Doctor: _____

Who referred you to the center? _____

Background Information:

What do you think the main problems are? _____

When was the problem first noticed? _____

Has the child had a previous speech language evaluation? _____
if yes, when? _____

Has the child ever received speech language therapy? _____
If yes, when and where? _____

Are any hearing problems suspected? _____
If yes, please explain _____

Family Information:

Father's Name: _____

Date of Birth: _____ Occupation: _____

Mother's Name: _____

Date of Birth: _____ Occupation: _____

List names & ages of brothers and sisters: _____

With whom does the child live? _____

Birth & Development:

Were there any problems with pregnancy or delivery? _____

If yes, please explain _____

Please list AGE when the following developmental milestones were met:

- _____ Sat alone
- _____ Learned to feed self
- _____ Toilet trained
- _____ Walked
- _____ Said first words

What is the approximate number of words in the child's vocabulary? _____

Is the child able to combine words? _____

Is the child able to speak in sentences? _____

Health:

Please report all significant medical history including surgeries, illnesses, ear infections and any medications taken: _____

Family History:

Do any other members of the family have a speech or hearing problem? _____

If yes, please list relationship and type of problem _____

