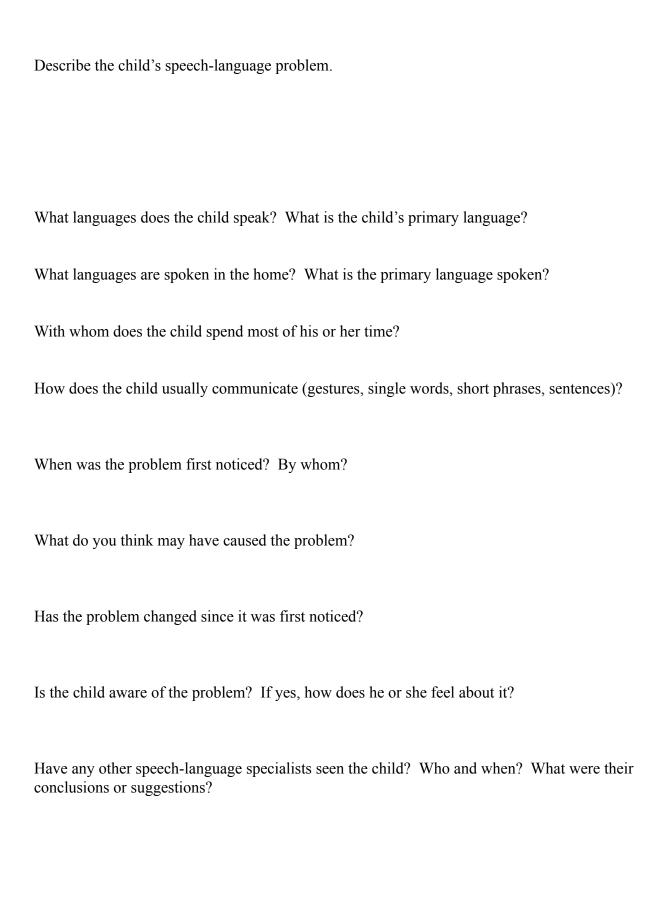


Child Case History Form

General Information		Date:
Child's Name:	Date of Birth: _	Age:
Address:	Phone:	
	_ Home Phone:	:
City:	Zip:	E-mail:
Medicaid: Yes / No		
Does the child live with both parents? _		
Mother's Name:		Age:
Mother's Occupation:	B	Business Phone:
	Ce	ell Phone:
Father's Name:		Age:
Father's Occupation:	B	Business Phone:
	(Cell Phone:
Referred By:	F	Phone:
Address:		
Availability: M/W or T/Th		me:
Brothers and Sisters (include names and	d ages):	



Have any other specialists (physicial child? If yes, indicate the type of sconclusions or suggestions.			
Are there any other speech, language describe.	ge, or hearing problems	in your family?	If yes, please
Prenatal and Birth History			
Mother's general health during pre-	gnancy (Illnesses, accide	ents, medication	ns, etc.)
Length of pregnancy:		Length of Lab	or:
General condition:	Birth weight:		
Circle type of delivery: head	first feet first	breech	Caesarian
Were there any unusual conditions	that may have affected t	the pregnancy o	r birth?
Medical History			
Provide the approximate ages at wh	nich the child suffered th	ne following illr	nesses and conditions
Allergies	Asthma		Chicken Pox
Colds	Convulsions		Croup
Dizziness	Draining Ear		Ear Infection
Encephalitis	German Measles		Headaches

High Fever	Influenza	Mastoiditis	
Pneumonia	Seizures	Sinusitis	
Tinnitus	Tonsillitis	Other	
Has the child had any surgeries? If y etc.)?	res, what type and when (e.g., tonsille	ctomy, adenoidectomy,	
Describe any major accidents or hosp	oitalizations.		
Is the child taking any medications?	If yes, identify.		
Have there been any negative reaction	ns to medications? If yes, identify.		
Developmental History			
Provide the approximate age at which	h the child began to do the following	activities:	
Crawl	Sit	Stand	
Walk	Feed self	Dress self	
Use toilet			
Use single words (e.g., no, mom, dog	ggie, etc.):		
Combine words (e.g., me go, daddy shoe, etc.):			

Name simple objects (e.g., dog, car, tree, etc.):
Use simple questions (e.g., Where's the doggie?, etc.):
Engage in conversation:
Does the child have difficulty walking, running, or participating in other activities which require small or large muscle coordination? Are there or have there been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.
Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).
Educational History
School:
Grade:
Teacher(s):
How is the child doing academically (or pre academically)?
Does the child receive special services? If yes, describe.
How does the child interact with others (e.g., shy, aggressive, uncooperative, etc.)?

If enrolled for special education services, has an Individualized Education Plan (IEP) been developed? If yes, describe the most important goals.
Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.
Copies of progress report should go to:
Person completing this form:
Relationship to child:
Signature:

M: FormsVII: ChildCaseHistoryForm 9/11