



Case History

(confidential)

Person completing this form: _____

Relationship to child: _____

I. Identification

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

School: _____ Hours of attendance: _____

Name of Pediatrician: _____

Referred by: _____

Parent(s) Names: _____

Home telephone: _____ E-mail: _____

Cellular telephone: Mother: _____ Father: _____

Work telephone: Mother: _____ Father: _____

Emergency name and telephone number: _____

II. Statement of the problem

Describe in your own words your child's speech and/or language problems and your reasons for concern:

III. Education information

School(s) attended: _____

Current grade: _____ Does he/she excel in any subjects? _____

Does he/she have any serious difficulty in any subjects? _____

Has he/she ever failed a grade? _____ If yes, which grade(s): _____

How does your child feel about school and teachers? _____

Has he/she ever had any psychological testing completed? _____

If so, when? _____ Where? _____ By Whom: _____

IV. Pre-Birth History

Were there complications during pregnancy? _____

Delivery? _____

V. General Development

Indicate ages at which child accomplished the following:

Sat alone: _____ Crawled: _____ Stood alone: _____ Walked alone: _____

Bladder trained: _____ Bowel trained: _____ Dressed self: _____

Was child's rate of growth seemingly normal? _____

Was normal development interrupted by anything? _____

VI. Medical History

Indicate age/severity/how treated:

Earaches/Ear infections: _____ High fevers: _____

Tonsillectomy (date): _____ Adenoidectomy (date): _____

Frequent colds: _____ Allergies: _____

Ear surgery (date/description): _____

Headaches: _____ Vision problems: _____

Has he/she ever experienced a severe shock or injury (describe): _____

Is general health good? _____

Is he/she currently taking any medication? _____

What kind? _____

For what? _____

Dosage and frequency: _____

VII: Speech and Hearing History

Did infant babble and coo during first six months? _____

When did he/she speak first word? _____

When did he/she begin to use two word sentences? _____

When did he/she first use words meaningfully? _____

Does he/she use speech frequently? _____ Occasionally? _____ Never? _____

Does he/she prefer to use speech or gestures (give examples): _____

Is there a family history of speech-language disabilities? _____

If yes, please describe: _____

Which does child prefer to use –

One or two words? _____ Phrases? _____ Complete sentences? _____

Please describe: _____

How well is the child understood –

By parents: _____ Siblings: _____

Teacher (s): _____ Babysitter: _____

Friends: _____ Strangers: _____

VIII. Previous Testing

Has he/she ever had any speech and language testing previously? _____

When? _____ Where? _____

By Whom? _____

***PLEASE PROVIDE A COPY OF ANY EVALUATIONS, I.E.P.'S,
PROGRESS REPORTS/DISCHARGE REPORTS***

What other information can you provide which will enable Cincinnati Center for Improved Communication, Inc. to better know and understand your child?
