SPEECH AND HEARING CLINIC

University of South Alabama
Department of Speech Pathology and Audiology
HAHN 1119
Mobile, AL 36888-0002
251/445-9378

Date_____

CHILD CASE HISTORY FORM
(Speech-Language Pathology)

Childs Name _____Birthdate _____
Male_____ Female _____
Address_____
city state zip code
Home Phone _____Cell_____ Work_____
E-mail_____
Child's School_____Grade_____
Child's Doctor_____

Persons Living in the Home:

	Name	Age	Sex	Grade Reached	Employer
Father					
Mother					
Others					

_____
_____

A. Background Information

1. Who referred you to this Center? _____
2. Briefly describe the child's communication problem:
   _____
   _____
3. Describe previous treatment if any, for the problem:
   _____
4. Languages spoken in the home:
   _____
5. Check

Check any which apply:

___breech birth ___C-section ___instruments used ___trouble breathing
___incubator used ___scars/bruises ___respirator used ___unusual color

---

C. <u>Developmental Information</u>: List age at which the child achieved the following skills:

Sat alone _____ Fed self _____ Physical condition has been:
Crawled _____ Toilet trained_____ __fast __slow __average
Walked unaided_____ Dressed self_____

D <u>Medical Information</u>: Check any illnesses/conditions child has had:

__Coordination problems __Ear infections/aches __Tongue thrust
__Swallowing difficulty __Frequent colds __Cerebral palsy
__Feeding problems __Convulsions/seizures __Cleft palate
__Eye problems __High fevers __Mental retardation
__Allergies – List_____ __Tonsillitis __Autism
_____ __Dental problems __Brain injury

Describe any serious illnesses/accidents/surgery:
_____
_____
List medications child takes regularly: _____

E. Speech and Language Information

I. Did child smile and cry appropriately as an infant? _____
2. At what age did child use single words? _____
3. At what age were you first concerned about the child's communication? _____
4. Do any family members have speech and/or hearing problems? ___Yes___No
   if so, describe _____
5. Is there a history of mental retardation in your family? ___Yes___No
6. Is the child aware of his/her communication problem? ___Yes___No
7. Do you think the child is behind in other areas? ___Yes___No
   If yes, describe. _____
8. Can the child be understood by others? ___Yes ___No ___Sometimes
9. Does the child have a hearing problem? ___Yes___No Has child's hearing been tested? _____
10. Does the child

10. Is there any history of learning problems in the family? _____

G. 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		