



Goshen Speech & Hearing Center

Case History Form

Identifying and Family Information:

Child's Name: _____

Caregiver 1: _____

Address: _____

Caregiver 2: _____

Address: _____

Doctor's Name: _____

Birthdate: _____ Sex: ☐ M ☐ F

Daytime Phone: _____

Cell Phone: _____

E-mail: _____

Daytime Phone: _____

Cell Phone: _____

E-mail: _____

Doctor's Phone: _____

Child lives with (check one):

☐ Birth Parents

☐ Adoptive Parents

☐ Foster Parents

☐ Parent and Step-Parent

☐ One Parent

☐ Other _____

Other children in the family:

Name Age Sex Grade Speech/Hearing Problems

Child's race/ethnic group:

☐ Caucasian, Non-Hispanic

☐ Hispanic

☐ African-American

☐ Native American

☐ Asian or Pacific Islander

☐ Other _____

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one? _____

Does the child speak the language? ☐ Yes ☐ No

Does the child understand the language? ☐ Yes ☐ No

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

Speech/Language/Hearing

Do you feel your child has a speech problem? ☐ Yes ☐ No

If yes, please describe. _____

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If yes, please describe. _____

Has he/she ever had a speech evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

Has he/she ever had a hearing evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

Has your child ever had speech therapy? ☐ Yes ☐ No

If yes, where and when? _____

What was he/she working on? _____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ☐ Yes ☐ No

If yes, please describe. _____

Is your child aware of, or frustrated by, any speech/language difficulties? _____

What do you see as your child's most difficult problem in the home? _____

What do you see as your child's most difficult problem in school? _____

Birth History

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe. _____

How old was the mother when the child was born? _____

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe. _____

How many months was the pregnancy? _____

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No

If child stayed at the hospital, please describe why and how long. _____

Medical History

Has your child had any of the following?

☐ adenoidectomy

☐ encephalitis

☐ seizures

☐ allergies

☐ flu

☐ sinusitis

☐ breathing difficulties

☐ head injury

☐ sleeping difficulties

☐ chicken pox

☐ high fevers

☐ thumb/finger sucking habit

☐ colds

☐ measles

☐ tonsillectomy

☐ ear infections

☐ meningitis

☐ tonsillitis

How often? _____

☐ mumps

☐ vision problems

☐ ear tubes

☐ scarlet fever

Other serious injury/surgery: _____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

If yes, why? _____

Please list any medications your child takes regularly: _____

Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

_____ sat alone

_____ grasped crayon/pencil

_____ babbled

_____ said first words

_____ put two words together

_____ spoke in short sentences

_____ walked

_____ toilet trained

Does your child...

- ☐ choke on food or liquids?
- ☐ currently put toys/objects in his/her mouth?
- ☐ brush his/her teeth and/or allow brushing?

Current Speech-Language and Hearing

Does your child...

- ☐ repeat sounds, words or phrases over and over?
- ☐ understand what you are saying?
- ☐ retrieve/point to common objects upon request (ball, cup, shoe)?
- ☐ follow simple directions ("Shut the door" or "Get your shoes")?
- ☐ respond correctly to yes/no questions?
- ☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- ☐ body language.
- ☐ sounds (vowels, grunting).
- ☐ words (shoe, doggy, up).
- ☐ 2 to 4 word sentences.
- ☐ sentences longer than four words.
- ☐ other _____.

Behavioral Characteristics:

- | | |
|--|--|
| <input type="checkbox"/> cooperative restless | <input type="checkbox"/> restless |
| <input type="checkbox"/> attentive | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> poor eye contact | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> inappropriate behavior |
| <input type="checkbox"/> easily distracted/short attention | <input type="checkbox"/> self-abusive behavior |
| <input type="checkbox"/> plays alone for reasonable length of time | <input type="checkbox"/> separation difficulties |
| <input type="checkbox"/> destructive/aggressive | |

School History

If your child is in school, please answer the following:

Name of school and grade in school: _____

Teacher's name: _____

Has your child repeated a grade? _____

What are your child's strengths and/or best subjects? _____

Is your child having difficulty with any subjects?_____

Is your child receiving help in any subjects? _____

Additional Comments

[illegible]