siskin children's institute

center for DEVELOPMENTAL PEDIATRICS

An academic pediatric practice affiliated with the University of Tennessee College of Medicine Chattanooga

Speech-Language-Hearing Case History

Patient and Family Information

Child's Name: ___________________________ Birth date: _______________ ☐ M ☐ F
Mother's Name: __________________________ Daytime Phone: _________________
Father's Name: __________________________ Cell Phone: _______________________

Primary language spoken in the home: ☐ English ☐ Spanish ☐ Other _________________
What are your concerns/what have others told you about your child's speech and language?
____
Does anyone in the family have speech or hearing problems?_____________________________
____

Birth History

Mother's health during pregnancy: ☐ Good ☐ Fair ☐ Poor Describe ________________________
History of alcohol and/or drug abuse during pregnancy: ☐ Yes ☐ No Describe _________________
Length of Pregnancy _____Child's Birth Weight_____
Problems during or after delivery: ____
Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No
If no, please describe why and how long: ____

Medical History

Please list any current or previous diagnoses: _______________________________________
Medications your child takes regularly: ____
________________________Has your child taken the prescribed dosage today? ☐ Yes ☐ No
Allergies to food or medication: ____

History of frequent ear infections: ☐ Yes ☐ No **Date** last tested for hearing: _________________
Where? ___________ **Hearing test passed?** ☐ Yes ☐ No If no, explain: ___________________

Has your child had any of the following?

☐ Adenoidectomy	☐ Ear tubes	☐ Sinusitis
☐ Allergies	☐ Encephalitis	☐ Thumb/finger sucking habit
☐ Breathing difficulties	☐ Head injury	☐ Tonsillectomy
☐ Behavior issues	☐ High fevers	☐ Vision problems
☐ Ear infections	☐ Seizures	

Has your child ever been hospitalized, had a serious accident, or had an operation:
____
Additional medical information: ____
____

Developmental History

Please list the approximate age your child achieved the following milestones:

___________ Babbled	___________ Put 2 words together
___________ Said first words	___________ Spoke in short sentences

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School History

Is your child in a school/daycare? ☐ Yes ☐ No Name of school/daycare: ___________________________

Grade: ________ Does your child have an IEP? ☐ Yes ☐ No

What (if any) services are your child receiving through school? __________________________________

Speech Language History

Has he/she received early intervention (TEIS/BCW) services in the past/been tested? ☐ Yes ☐ No

Has he/she ever had a speech 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/currently receiving any other therapy? ☐ physical therapy ☐ occupational therapy ☐ counseling ☐ vision ☐ other __________________________________

When did you first notice any speech problems? ____

Is your child aware of, or frustrated by, any speech/language difficulties? ☐ Yes ☐ No

Does your child appear to have difficulty understanding what you say/following directions? ☐ Yes ☐ No Please explain: ____

Do you understand your child's speech? ☐ most of the time ☐ sometimes ☐ seldom

Do strangers understanding your child's speech? ☐ most of the time ☐ sometimes ☐ seldom

Do you think your child's speech has changed in the last six months? Please explain: _________________
____

What efforts have been made to correct the child's speech problems? Please explain: _________________
____

Please check all that apply

My child:

☐ Uses gestures

☐ Uses sounds (vowels, grunting)

☐ Uses single words (juice, doggy, up)

☐ Follows simple commands

☐ Uses 2 to 4 word phrases/sentences

☐ Uses sentences longer than 4 words

☐ Points to objects/pictures

☐ Other ______________________________

If your child says less than 10 words, please list the words he/she does use:
____
____

Social History:

Your child's favorite toys: ____

Play skills: ☐ Prefers to play alone ☐ Plays well with other children his/her age ☐ Excessive shyness/clinging to caregiver ☐ Limited initiation of social contact ☐ Social anxiety ☐ Difficulty maintaining social interaction ☐ Peer conflict ☐ Difficulty showing emotion   Please describe your child's social skills: _______________
____

Additional comments/concerns regarding your child: ____
____
____