



Child Case History Form

General Information

Today's date: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Mother's Name: _____ Email: _____

Mother's Occupation: _____ Phone: _____

Father's Name: _____ Email: _____

Father's Occupation: _____ Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

School: _____ Grade: _____

School District: _____

With whom does your child live? Include names and ages of siblings:

What languages are spoken in the home and/or school? What is the child's primary language?

With whom and where does the child spend most of his or her time?

What are some of your child's favorite activities or toys (e.g., soccer, trains, books, dance)?

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy: _____ Length of labor: _____

Child's general condition at birth: _____ Birth weight: _____

Circle type of delivery: head first breech Caesarian

Were there any unusual conditions during the pregnancy or birth?

Medical History

Does your child have a congenital disorder? Or has your child been diagnosed with a psychiatric disorder (e.g., autism, anxiety, depression, etc.)? If yes, please describe.

Does your child have recurring and/or chronic medical conditions (e.g., asthma, allergies, ear infections, tonsillitis, headaches, influenza, colds)? If yes, please list.

Has your child had any major accidents, surgeries, or hospitalizations? If yes, please describe; include dates or approximate age.

Is your child taking any medications? If yes, please list.

Does your child have any dietary concerns or requirements? If yes, please describe.

Developmental History

Provide the approximate age at which your child reached these developmental milestones:

Sit _____ Crawl _____ Stand _____

Walk _____ Self feed _____ Self dress _____

Use toilet _____ Babble _____ First word _____

Label objects _____ Combine words _____ Ask questions _____

Approximately how many single words does your child understand? _____ Say? _____

Please transcribe one of the longer phrases or sentences your child has recently said.

Are there, or have there ever been, any feeding problems (e.g., sucking, swallowing, chewing)? If yes, please describe.

Does your child have difficulty walking, running, or participating in other activities which require small or large muscle coordination? If yes, please describe.

Speech-Language Concerns

Describe your child's speech-language concern.

When was the problem first noticed, and how has it changed since that time?

How does your child typically communicate at home and/or at school (e.g., gestures, words, sentences)?

How does your child interact with others at home and/or at school (e.g., shy, aggressive, uncooperative)?

Has your child previously, or is your child currently, receiving additional services (e.g., speech therapy at school or at another clinic, ABA, OT, PT, psychological support, etc.)? If yes, please list service, start date, and frequency.

Does your child have an IFSP, IEP, or reports from other professionals? If yes, please provide digital or hard copies of documents.

Is there a family history of speech-language issues? If yes, please describe.

Is there additional information I should know about your child?