

Communication Case History Form

Please complete and bring to your first appointment or send to our office prior to your evaluation.

Patient's Name:

Patient's Date of Birth:

Name of person completing this form:

Relationship to the patient:

Date form completed:

Briefly describe your concerns for your child's speech and language:

What is the number one thing you hope to get from today's assessment?

Birth History

Were there complications during the pregnancy? Yes No

If yes, please explain.

Were there complications during the birth? Yes No

If yes, please explain.

Was the pregnancy full-term? Yes No If no, how many weeks?

Was the child born with low birth weight? Yes No

Were there any complications after the birth? Yes No

If yes, please explain.

Medical History

Does child have any medical conditions? Yes No

If yes, please explain.

Has the child ever had ear infections? Yes No

If yes, how many? How often?

Did the ear infections respond to antibiotics? Yes No

Has your child ever received ear tubes? Yes No

Has the child ever had their hearing screened or tested? Yes No

If yes, what were the results?

Has the child ever had their vision tested at the pediatrician? Yes No

If yes, what were the results?

Does the child take any medications? Yes No

If yes, please list:

Does the child have any allergies? Yes No

If yes, please list:

Developmental History:

Have you had any concerns with your child meeting milestones like walking, sitting or talking? Yes No

If yes, please explain:

When did your child speak their first words? Before 12 months Around 12 months After 12 months

Did your child have difficulty breast or bottle feeding as an infant? Yes No

Does your child struggle now with eating or feeding? Yes No

Has he ever had any other types of therapy? Yes No

If yes, please list type, frequency and duration.

Where does the child spend most of the day? Home Preschool Daycare

Does the child have opportunity to play around other children? Yes No What ages?

Does anyone else in the family have any delays or speech difficulty? Yes No

Is the child aware of his/her communication difficulty? Yes No

Does your child have an IFSP (early intervention) or an IEP (at school)? Yes No

Is there anything else you can think of that you want to share?

Four horizontal lines for providing additional information.