COMMUNICATION SCIENCES & ORAL HEALTH
TEXAS WOMAN'S UNIVERSITY

SPEECH-LANGUAGE-AUDIOLOGY
CASE HISTORY
FOR CHILDREN

In preparation for your child's hearing and/or speech evaluation/therapy, we would like you to provide us with the following information. This information will assist the clinic staff in planning for and conducting a more meaningful examination and/or therapy session. Please return this completed form as soon as possible so an appointment time can be finalized for your child.

Please answer the questions as fully and accurately as possible. Many parents have found the child's baby book helpful in remembering particular dates. If you are not sure of a particular date, write the date that you think is correct and put a question mark after it. Your family physician may also be able to provide you with some information.

All of the following information is for the **confidential** use of the Speech, Language and Hearing Clinic staff only.

Date: _____

Person completing this form: _____ _____
Name Relationship to child

I. REFERRAL

Who referred your child to this clinic? _____

Professional title and/or relationship to the child: _____

Address: _____
Street City State Zip

Phone Number: _____

Which of the following evaluation(s)/and/or therapy are you interested in?

Audiology Evaluation ☐ Speech/Language Evaluation ☐

Both Evaluations ☐ Speech Therapy ☐

What are your concerns in the areas of hearing, speech and language? _____

_____

_____

_____

II.

Child's Name:_____ Age: _____

Date of Birth:_____ Male ☐ Female ☐

Address: _____ Phone: _____
Street

_____
City State Zip Code

Mother's Name: _____ Age:_____

Address:_____ Home Phone:_____
Street

_____ Cell Phone: _____
City State Zip

Email Address: _____

Mother's Occupation:_____Work Phone: _____

Father's Name:_____Age:_____

Address:_____ Home Phone:_____
Street

_____ Cell Phone: _____
City State Zip

Email Address: _____

Father's Occupation:_____Work Phone: _____

Highest grade level completed by mother:_____By father: _____

Are parents divorced? Yes ☐ No ☐ If yes, who has custody of the child? _____

If child isn't living with either biological or adoptive parent, who has legal guardianship?

_____ Relationship to child: _____

Address:_____ Home Phone:_____
Street

_____ Cell Phone: _____
City State Zip

If the parent(s) are employed outside the home, who cares for the child in their absence? _____

_____

Family physician:_____Phone: _____

List Siblings	Age	Male/Female	Do they live in the home?
_____	_____		Yes ☐ No ☐
_____	_____		Yes ☐ No ☐
_____	_____		Yes ☐ No ☐
_____	_____		Yes ☐ No ☐

Does anyone in the family have speech or hearing problems? Yes ☐ No ☐

If yes, indicate the relationship to the child and explain the type of problem: _____

_____

III. BIRTH AND PRENATAL HISTORY

During this pregnancy, did mother experience any unusual illness, condition or accident, such as German Measles, false labor, RH incompatibility, etc.? Yes ☐ No ☐ If yes, please describe: _____

_____

Length of pregnancy: _____ Duration of labor: _____ Birth weight: _____

Condition at birth: Normal delivery ☐ Caesarean ☐ Breech birth ☐

Anesthetics: Yes ☐ No ☐ Forceps: Yes ☐ No ☐ Was infant blue? Yes ☐ No ☐

Jaundiced: Yes ☐ No ☐ Other unusual conditions? _____

_____

Conditions immediately following birth:

Did infant have: Feeding problems ☐ Scars or bruises ☐ Seizures ☐

Swallowing or sucking difficulties ☐ Was birth weight regained quickly: Yes ☐ No ☐

Other (please explain) _____

_____

IV. DEVELOPMENT

First hold head up alone with no assistance? _____ First crawl? _____

Sit alone without support? _____

Pull himself/herself up to a standing position? _____ Walk unaided? _____

Gain bowel control? _____ Bladder control? _____

Weight of your child at 6 months?_____Present weight? _____

Present height?_____Does your child prefer right or left hand? _____

Does your child fall or lose balance easily? Yes ☐ No ☐ If yes, please explain: _____

_____

Does your child have (check all that apply): Difficulty with balance? ☐ Fear of heights? ☐

Show fear if moved unexpectedly? ☐

Are there activities that involve fast movements and spinning that your child finds difficult? Please explain_____

_____

Does your child like to go to Six Flags? Yes ☐ No ☐

Can your child ride a bike? Yes ☐ No ☐

Does your child seem awkward or uncoordinated? Yes ☐ No ☐

Does your child have difficulty chewing or swallowing? Yes ☐ No ☐

Describe any developmental difficulties?_____

Describe any academic difficulties: (reading, math, writing, spelling) _____

_____

Additional comments:_____

_____

V. MEDICAL

Check disease(s) your child has had, giving age and degree of severity:

Disease	√	Age	Mild, Average, or Severe	Disease	√	Age	Mild, Average, or Severe
Allergies				Kidney Disease			
Asthma				Measles			
Bronchitis				Meningitis			
Chicken Pox				Mumps			
Colds (frequent)				Ear Infection			
Hay fever				Pneumonia			
Headache (frequent)				Scarlet Fever			
Heart Disease				Seizures			
Influenza				Tonsillitis			

What are your child's usual grades? (Check one)

Excellent ☐ Above average ☐ Average ☐ Below average ☐

Failing ☐

What is your child's attitude toward:

School?_____

His/hers homework? _____

How does your child get along with others at school? _____

Does your child sleep well? Yes ☐ No ☐ Does your child eat well? Yes ☐ No ☐

VI. SOCIAL

What activities and games does your child enjoy? _____

Does your child tend to play alone or with other children? _____

What are the ages of your child's playmates? _____

Does he/she show fear? Often ☐ Sometimes ☐ Rarely ☐

What does he/she fear? _____

Is he/she "nervous"? Yes ☐ No ☐

How does he/she show it? _____

Has he/she been harder to manage than other children? Yes ☐ No ☐

By whom and how is your child disciplined?_____

Is your child difficult to discipline? Yes ☐ No ☐ Explain: _____

_____

Please check the boxes which identify your child's behaviors:

☐lying	☐sluggishness	☐tongue sucking
☐begging	☐boastfulness	☐strong fears
☐stealing	☐showing off	☐strong hates
☐smoking	☐disobedience	☐shyness
☐rudeness	☐destructiveness	☐worrying
☐swearing	☐temper displays	☐sensitivity
☐fighting	☐acts of violence	☐easily depressed

☐jealousness
☐selfishness
☐excitability
☐skipping school
☐nose picking
☐sleeplessness
☐nightmares
☐constipation
☐mouth breathing
☐night terrors
☐quarrelsome behavior
☐day-dreaming
☐thumb sucking
☐nail biting
☐sex misbehavior
☐convulsive behavior
☐sleepwalking
☐fainting
☐face twitching
☐easily discouraged
☐suicidal inclinations
☐running away from home
☐associate w/bad company
☐prefers younger children
☐prefers older children
☐snoring
☐bed wetting
☐complains of pain

Are there any indications of your child not hearing plainly? Yes ☐ No ☐

Discuss any of the above items in more detail if you think they would shed light on the problem:

_____

_____

VII. SPEECH AND HEARING HISTORY

During your child's first 6 months, did he/she coo and babble? Yes ☐ No ☐

During the first year, did he/she make many sounds other than crying? Yes ☐ No ☐

Other than crying, would you say your child was:

☐ A silent baby? ☐ An average baby? ☐ A very noisy baby?

At what age did your child first day meaningful words? _____

What were they? _____

Did your child: ☐say one or two words then go for a long time before saying other words?
Or ☐continuously add words once he/she started to talk?

At what age did your child begin to name people and objects? _____

At what age did your child have a name for everything? _____

_____

At what age did your child combine words into small sentences like, "want drink" or "me out"?

At what age did your child combine short sentences? _____

Do you think your child has been slow in learning to talk? Yes ☐ No ☐

Does your child understand what you say as well as you think he/she should? Yes ☐ No ☐

If no, please explain: _____

Does your child verbalize now? Yes☐ No ☐ if no, how does he/she make requests?

At this time does your child talk:

☐ a great deal? ☐ an average amount? ☐ very little?

Does your child's talking consist mainly of:

☐ complete sentences? ☐ phrases? ☐ one or two words? ☐ sounds?

How well can your child be understood by brothers, sisters, playmates?

☐ good ☐ sometimes ☐ not at all

Comments:

How well can your child be understood by adults other than family members?

☐ good ☐ sometimes ☐ not at all

Comments:

Did speech learning ever seem to stop for a period? Yes ☐ No ☐

If "yes", please describe:

Has your child ever communicated better than they do now? Yes ☐ No ☐

If "yes", please explain:

XI. OTHER INFORMATION

If you suspect that your child has a hearing problem, when, why and by whom was the hearing problem first noticed?

Is your child teased about his/her speech problem by others? Yes ☐ No ☐

If "yes", please explain:

What is your child's reaction to his/her speech problem? _____

_____

Has your child had a hearing examination prior to this time? Yes ☐ No ☐

If "yes", when? _____

Where? _____

Has your child had a neurological examination prior to this time? Yes ☐ No ☐ If "yes", when? _____

Where? _____

Has your child had a psychological examination prior to this time? Yes ☐ No ☐

If "yes", when? _____

Where? _____

Has your child had an educational examination prior to this time? Yes ☐ No ☐

If "yes", when _____

Where? _____

Has your child had a recent medical examination? Yes ☐ No ☐

If "yes", when? _____

And by whom? _____

If your child has had any of the above examinations, it will be helpful to the clinic if you contact the person who examined your child and ask them to send a copy of their findings to the address at the bottom of this page or fax it to 940-898-2276. If there is any additional information which you feel will help us to understand your child better, please describe:

_____

_____

_____

_____

_____

_____ _____

Signature Date

Please complete the additional authorization forms that are attached. Once we have received this packet in our office, you will be contacted to schedule an evaluation.

If you have any questions, please contact the clinic at (940) 898-2285. You may mail this packet to the address below or e-mail to mzamoracalderon@twu.edu. You may also fax to (940) 898-2276.

Mail to:

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Speech, Language and Hearing Clinic – MCL 601
P.O. Box 425737
Denton, Texas 76204
Attn: Marisa