



License #SA 1280

Case History - Child

Patient's Name: _____ Date: _____

Address _____ zip code _____

Home ph _____ Mom cell _____ dad cell _____

e-mail mom _____ e-mail dad _____

Date of birth _____

Mother's Name: _____ Mother's occupation: _____
work number _____

Father's Name: _____ Father's occupations: _____
work number _____

| siblings from present marriage: | | siblings from previous marriage | |
|---------------------------------|------------|---------------------------------|------------|
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |

Referred to office by _____
Reason for referral _____

Physicians Treating Child on Regular Basis:

Name: _____ Phone: _____
Area of Specialty: _____
Address: _____

Name: _____ Phone: _____
Area of Specialty: _____
Address: _____

Name: _____ Phone: _____
Area of Specialty: _____
Address: _____

Name: _____ Phone: _____
Area of Specialty: _____
Address: _____

Medications Taken of Regular Basis:

Reason for Medication: _____
Medication: _____ Dose: _____ time/day _____

Reason for Medication: _____
Medication: _____ Dose: _____ time/day _____

Reason for Medication: _____
Medication: _____ Dose: _____ time/day _____

Medical History

1. Have you ever felt that your child had difficulty hearing? _____

Check any that apply:

Frequent ear infections or colds _____ Fluid draining from ears _____
pulls or pokes at ears _____ Does not respond to voice or commands _____

Has your child ever had his/her hearing or ears checked or examined? _____

If so, by whom? (explain): _____

Has your child ever received tubes? If so, date: _____ right ___ left _____

2. Have you ever felt that your child had difficulty seeing? _____
 If so, what were your specific concerns (describe) _____
 Does your child wear glasses and/or contact lenses? _____
 Has your child ever had eye surgery? _____
 Has your child ever had his/her vision checked or examined: _____
 If so, by whom? (explain): _____

3. Child's doctor:
 When was the last time your child saw a doctor? _____
 Why? _____
 Does your child receive medical care regularly? _____
 Has your child received childhood vaccinations? _____

4. Childhood illnesses:
 Has your child ever had or has:
 Measles _____ Mumps _____ CMV _____ Chicken pox _____
 Allergies _____ AIDS _____ Frequent colds/flu _____
 Ear infections _____ Other _____

5. Serious Illnesses:
 Has your child ever been hospitalized? (explain) _____
 Does your child experience or has your child experienced:
 Seizures? _____ Accidents? _____ Other? _____

6. Dental Services:
 Has your child had his/her teeth checked? _____
 If so, by whom? _____
 Address: _____ Phone: _____
 Has orthodontic work been suggested? _____
 Name of Orthodontist: _____
 Address: _____ Phone: _____

7. Has your child received extensive tests? _____ ie: MRI, CAT, SCA, BERA
 list tests Dates Results

Other:

Has your child ever been tested or treated by anyone else not mentioned previously (ie. psychologist, psychiatrist, physical therapist, speech language pathologist, tutor, neurologist, educational specialist, etc.?)

8. Family Information:

1. Where do other family members receive medical care?

2. When do family members usually obtain medical attention?

3. Does anyone in the immediate family have:

- a. medical problems? _____
- b. physical handicaps? _____
- c. emotional problems? _____
- d. hearing problems? _____
- e. speech problems? _____

Behavioral/Social Information

1. Family Information

- a. Which family member does your child seem to have the closest attachment to? _____ How is it shown? _____
 - b. Describe the types of activities that you and your family enjoy doing with your child (include activities in the home and away from the home).
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c. During the child's life have there been any changes in the family situation (such as change in parents' marital status, frequent moves, change in family composition, imprisonment, death, etc.?) _____

d. Are you satisfied with your present living situation? _____
explain: _____

2. Child-Peer Relationships

a. How does your child get along with other children in the house?

b. How often does your child have the opportunity to play with other children outside of the home? _____ How does your child get along with other children? _____

c. Does your child seem to enjoy playing:
alone? _____ with younger children? _____
with older children? _____ with adults? _____
with a group of children? _____

d. Does your child make friends easily? _____

3. Child's Behavior

a. How would you describe your child:

usually very active _____ usually not very active _____

active sometimes, but also plays quietly _____

usually happy _____ usually not happy _____

moody _____ demands excessive attention _____

aggressive toward others _____ seems overly jealous _____

nervous _____ other _____

b. Does your child have tantrums? _____

Explain: _____

c. Does your child have fears? _____

Explain: _____

4. Discipline

a. What do you usually discipline for? _____

b. Is discipline needed? _____ How often? _____

c. How do you usually discipline your child? _____

d. Who usually discipline's your child? _____

e. How does your child react to discipline? _____

f. When your child behaves well or does something good, how do you let him/her know you like it? _____

How do other family members respond to your child's good behaviors?

5. Child's Play

a. What kind of play activity does your child seem to most enjoy?(watch tv, playing outside, looking at books, working with hands, etc): _____

b. What kind of toys does your child have? _____

c. What is his/her favorite toy? _____

d. Do you make playthings out of household items (pots, pans spools, cans ,boxes, etc.)?

e. Does your child seem to become easily frustrated when a task becomes difficult during play? _____

f. Does your child stick with one activity (playing with blocks, coloring, etc.) for:

Less than 5 minutes _____ 5 to 10 minutes _____

more than 10 minutes _____

g. Does your child enjoy watching TV? _____

6. Education:

a. Does you child attend a school program? _____

b. If so, which program? _____

Summary

1. How do you view your child's developmental growth compared to siblings or other children of the same age?

2. Looking ahead to the future, what are your expectations for your child?

3. Is there anything that you would like to learn or know more about that would help you and your child?

4. Is there any additional information that you feel is important in order for me to better understand your child or family?

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