PEDIATRIC CASE HISTORY FORM

Date of Evaluation_____ **Referred by:** _____

Child's Name_____**Age**_____**Birthdate**_____
Guardian's Name_____ **Relationship** _____
School child attends _____ **Age entered school:** _____ **Current grade:** _____
Grade(s) repeated: _____ **What are your child's usual grades?** □ **Good** □ **Fair** □ **Average** □ **Poor**

SPEECH AND LANGUAGE HISTORY:

What age did the child babble or make "baby sounds"? _____ **Was there a variety of sounds?** _____
What age did the child say first meaningful word and what was it? _____
What age did the child put words together such as "want drink", "more milk", etc.? _____
What age did the child make adult-like sentences, such as "I want to go with you"? _____
Is it difficult for you or others to understand his/her speech? _____**Does the child stutter?** _____
Has the child ever talked better than he/she does now? _____
Does the child seem to be aware of his/her speech difference? _____
What efforts have been made to help the child talk better? _____
When and by whom was the speech difference first noticed? _____
Is the child teased about his speech by others? _____

PREGNANCY AND BIRTH HISTORY:

During this pregnancy, did the mother experience any unusual condition or accident, such as German Measles, false labors, Rh incompatibility, etc.? _____. **If so describe** _____
Length and duration of pregnancy _____**Birth Weight**_____
Were there any unusual conditions during or immediately after birth? _____. **If so, describe** _____
_____
Did your child have feeding problems? _____ **Did your child have seizures?** _____

GENERAL DEVELOPMENT:

When did the child first hold his/her head alone? _____**When did the child first crawl?** _____
When did the child first sit alone without support? _____
At what age did the child pull himself to a standing position? _____ **When did he/she first walk unaided?** _____
When did the child gain bladder/bowel control? Day _____ **Night** _____

CHECK ALL THAT APPLY

□ Excitable	□ Sleeping Problems	□ Vision Impairment	□ Difficulty Concentrating	□ Allergies _____
□ Nervous	□ Seizures	□ Speech sound errors	□ Needs a lot of Discipline	□ ADHD
□ Cries a lot	□ Hearing loss	□ Special Education	□ Uncoordinated/Falls easily	□ Asthma
□ Stuttering	□ Laughs Easily	□ Language delays	□ Difficulty Chewing/Swallowing	□ Other _____
□ Underactive	□ Mouth breathing	□ Frequent colds	□ Frequent ear infections	□ Other _____

□ **Medications:** _____
□ **Hospitalizations/surgeries/ illnesses:** _____

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West Tennessee Hearing & Speech Center

MEDICAL HISTORY: please check all that apply. Please provide the dates where applicable

- ☐ Dental cares / sealants current
- ☐ Acne
- ☐ Allergies
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Atopic dermatitis / eczema
- ☐ Birth defect / genetic disorders _____
- ☐ Bladder infection
- ☐ Bronchitis
- ☐ Cancer
- ☐ Chickenpox
- ☐ Congenital heart disease
- ☐ Constipation
- ☐ Contacts
- ☐ Cystic fibrosis
- ☐ Depression
- ☐ Immunization reaction
- ☐ Immunization refusal / delay
- ☐ Jaundice
- ☐ Kidney or bladder problems
- ☐ Learning problems
- ☐ Liver disease
- ☐ Meningitis
- ☐ Mononucleosis
- ☐ Neurologic problems
- ☐ Orthopedic problems
- ☐ OT/PT/Speech Therapy
- ☐ Developmental problems _____
- ☐ Diabetes
- ☐ Emotional problems
- ☐ Frequent ear infections
- ☐ Frequent sinus infections
- ☐ Gastroesophageal reflux
- ☐ Glasses
- ☐ Hearing problems
- ☐ Heart murmur
- ☐ Hypothyroidism
- ☐ Overweight
- ☐ Pneumonia
- ☐ Prematurity _____
- ☐ Scoliosis
- ☐ Seizures/epilepsy
- ☐ Sensory integration disorder
- ☐ Sickle cell anemia or trait
- ☐ Skin conditions
- ☐ Strabismus
- ☐ Strep throat
- ☐ Tension or anxiety
- ☐ Trauma
- ☐ Tuberculosis
- ☐ UTI
- ☐ Vision problems
- ☐ Wheezing/reactive airway disease
- ☐ Other _____
- ☐ Other _____

What do you hope to get out of today's appointment?

_____

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