

# PEDIATRIC CASE HISTORY



SPEECH THERAPY CENTER OF  
**EXCELLENCE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School/DayCare \_\_\_\_\_

Pediatrician/Referral Source \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

Others living in the home \_\_\_\_\_

Special family circumstances \_\_\_\_\_

## DEVELOPMENTAL HISTORY

Prenatal \_\_\_\_\_

Perinatal \_\_\_\_\_

Postnatal \_\_\_\_\_

Pregnancy complications \_\_\_\_\_

### MILESTONES

Sit up \_\_\_\_\_

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Teethe \_\_\_\_\_

Feed Self \_\_\_\_\_

Toilet Trained \_\_\_\_\_

### FEEDING

Breast/bottle fed \_\_\_\_\_

\_\_\_\_\_

Weaned \_\_\_\_\_

Present diet \_\_\_\_\_

Pacifier/thumb habits \_\_\_\_\_

\_\_\_\_\_

### OTHER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **SPEECH AND LANGUAGE DEVELOPMENT**

Describe the problem/concern \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_  
\_\_\_\_\_

What has the family done in response to the problem? \_\_\_\_\_  
\_\_\_\_\_

How does the family respond to the speech/language problem? \_\_\_\_\_  
\_\_\_\_\_

At what age did your child:

Start vocalizations (cooing) \_\_\_\_\_

Start babbling? \_\_\_\_\_ Interactive babbling \_\_\_\_\_

Produce jargon (unintelligible "sentences") \_\_\_\_\_

Say first words \_\_\_\_\_ Such as \_\_\_\_\_

2-word combinations \_\_\_\_\_

3-word combinations \_\_\_\_\_

Complete sentences \_\_\_\_\_

How does child compare with the development of siblings? \_\_\_\_\_  
\_\_\_\_\_

Other comments about speech \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MEDICAL AND SOCIAL HISTORY

Significant illnesses \_\_\_\_\_

History of ear infections \_\_\_\_\_

Surgeries/Dates \_\_\_\_\_

Medications Hearing evaluation? \_\_\_\_\_ Where/when? \_\_\_\_\_

Vision status \_\_\_\_\_

First dental examination \_\_\_\_\_ Dentist \_\_\_\_\_

How does child get along in family? \_\_\_\_\_

With siblings? \_\_\_\_\_ Other children? \_\_\_\_\_

Describe how your child plays with others? \_\_\_\_\_

How would you describe your child?

- |                                      |                                     |                                       |                                |
|--------------------------------------|-------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hypoactive  | <input type="checkbox"/> Spoiled    | <input type="checkbox"/> Nervous      | _____                          |
| <input type="checkbox"/> Quiet       | <input type="checkbox"/> Shy        | <input type="checkbox"/> Tense        | _____                          |

How is your child progressing in school? \_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_