



23 Mary Ave
Dracut, MA 01826
978-710-9413

Speech-Language-Hearing Case History Form

A. Identifying Information:

Child's Name: _____ Date of Birth: _____

Home Address: _____
_____ (town/city) _____ (state) _____ (zip) _____

Child lives with (check one):

Birth Parent(s) Adoptive Parent(s) Foster Parents
 Parent & Step-parent Other: _____

B. Parent/Guardian Information

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Child's School: _____

Teacher: _____ Grade: _____

Referred By: _____

C. Doctor Information:

Doctor's Name: _____

Address: _____
_____ (town/city) _____ (state) _____ (zip) _____

Phone Number: _____ Fax: _____

D. Family History:

Siblings: _____ Age: _____

_____ Age: _____

Case History Form

Is there a family history of :

- Speech/Language Difficulties Yes No
- Hearing Impairment/Deafness Learning Difficulties Developmental Difficulties Yes No

If you responded “yes” to any of the above, please describe:

Is there a language other than English spoken in the home? Yes No

If yes, which language(s)? _____

Does the child speak this language? Yes No

Does the child understand this language? Yes No

Which language does the child prefer to speak at home? _____

school? _____

E. Birth & Medical History:

Was there anything unusual about the pregnancy or birth? Yes No

If yes, please explain:

How many months was the pregnancy? _____

Was the mother sick during pregnancy? Yes No

If yes, please explain: _____

Case History Form

Birth Weight: _____

Has your child had any of the following:

Thumb/Finger Sucking _____	Breathing Difficulties _____	Chicken Pox _____
Frequent Colds _____	Frequent Ear Infections _____	Ear (PE) Tubes _____
Vision Problems _____	Hearing Problems _____	Other _____

If you checked any of the above, please provide details/dates:

Other serious illness/injury: _____

Date of last hearing screening: _____

Date of last vision screening: _____

Hospitalizations: _____

Medications: _____

Allergies: _____

F. Developmental History:

Please tell the approximate age your child reached the following milestones:

_____ Sat Alone	_____ Grasped crayon/pencil
_____ Babbled	_____ Crawled
_____ Said first word(s)	_____ Put two words together
_____ Spoke in short sentences	_____ Walked
_____ Completed toilet training	

G. Oral Motor & Feeding History:

Has your child experienced feeding/eating difficulties (e.g., biting, swallowing, chewing)? Yes No

If yes, please explain: _____

Was your child breast-fed or bottle-fed? _____

Does your child eat by themselves using utensils? Yes No

Does your child put toys in mouth? Yes No

Does your child drool? Yes No

If yes, please explain: _____

Does your child have food preferences/aversions? Yes No

If yes, please explain: _____

H. Speech & Language Development:

How does your child prefer to communicate?

_____ gestures _____ words _____ both _____ neither _____ Pictures

_____ AAC device which kind? _____

Number of words in a typical sentence? _____

Is your child's speech difficult to understand? Yes No

What types of speech errors does he/she exhibit? _____

Does your child:

- Identify objects Yes No
- Identify actions Yes No
- Ask questions Yes No
- Follow directions Yes No
- Respond correctly to yes/no questions Yes No
- Respond correctly to "WH" (who, what, etc.) questions Yes No
- Appear to understand what you are saying Yes No

Please provide examples of your child's speech/language:

Case History Form

Has your child ever received a speech/language evaluation? Yes No Date: _____

Who conducted the evaluation: _____

Has your child received speech/language therapy previously? Yes No

If yes, when? _____

For how long? _____

Can your child have food for therapy and/or rewards? Yes No

If yes, please list any exceptions:

Please indicate your current concerns:

Is your child aware of, or frustrated by, any speech/language difficulties? Yes No

What do you see as your child's most difficult problem in the home?

What do you see as your child's most difficult problem in school?

I. School History:

Has your child ever repeated a grade? Yes No

If so, what grade? _____

What are your child's strengths and/or best subjects? _____

Is your child having difficulty with a particular subject? Yes No

If yes, what subject(s)? _____

Is your child receiving help at school or at home (i.e., support services, tutoring, etc.)? Yes No

Case History Form

If yes, please explain:

Please list your child's favorite activities, hobbies, toys, games:

Additional comments/concerns:

Case History Form

Thank you for completing the case history form. 😊

How did you hear of JLH-SLP Services? _____

Signature

Date

Print Name