Heart to Heart, LLC
SPEECH THERAPY

Date: _____

Case History Form

Child's Name: _____ Birthdate: _____ Age: _____
Parent/Guardian(s): _____
Address: _____
Email: _____
Home #:_____ Work #:_____ Cell #:_____
Siblings & Ages: _____
Are there other adults in the home? If so, whom: _____
Have other siblings or family members experienced speech/language difficulties? If so, whom:
_____

What language(s) is/are spoken in the home?_____
In case of emergency, notify (other than the adult coming to the sessions): _____
Relationship to Child _____ Phone: _____
Physician**:** _____

Concerns:
Please describe your concerns regarding your child's speech and language development and/or social skills._____
_____
How has your child's communication difficulty changed/evolved? Please explain. _____
_____
_____
What strategies have been used at home that seem to help: _____
_____
_____
Has your child's communication been evaluated within the past 6 months? _____
Date: _____ By whom? _____
What professional services has your child received & when: _____
_____

Speech and Language History:
As an infant, did your child babble and play with sounds? _____
When did your child speak his/her first word? _____
Circle your child's primary mode of communication? Gestures/Signs Spoken Language Pictures/AAC

How much of your child's communication do you understand? (use percentage)
parents _____ siblings _____ friends or playmates _____ strangers _____

Does your child follow directions? _____

Social/Behavior:
Please circle the social behaviors your child displays. *Makes eye contact* Greets *Responds on topic* Stays on topic *Describes actions and events* Asks questions *Answers questions* Makes requests *Protests* Shows humor
Is your child overly sensitive to touch? _____ Overly sensitive to sound? _____
Does your child play alone or with other children or both? _____
How does s/he get along with other children? _____
How does s/he get along with adults? _____

Birth and Developmental Information:
Is your child adopted? _____ Child's age at adoption _____
Mother's health during pregnancy: _____
Full term?_____ If no, # of weeks gestation at birth: _____
Birth weight? _____Describe delivery: _____
Birth injury?_____ Oxygen required?_____
Any significant childhood illnesses, injuries, etc? _____
_____
Indicate ages at approximately which your child accomplished the following: Sat alone: _____
Stood alone: _____ Crawled: _____ Walked alone: _____ Toilet Trained_____

Feeding History:
Was child breast-fed or bottle-fed? _____ Did child have difficulty?_____
If breast-fed, how long? _____ If bottle-fed, how long? _____
When did your child transition to solid food? _____
Does s/he appear to stuff his/her mouth? _____ Does s/he chew food adequately? _____
Does s/he eat a variety of foods, textures, temperatures, flavors? _____
_____
Is s/he on a special diet? Describe:
_____

Medical History:
Please describe any significant medical history.
_____
_____
_____

Middle Ear Infections: _____
Ear Surgery: _____
Hearing Loss: _____
Has hearing been tested in the past year?_____ Where?_____ Result?_____
Has vision been tested in the past year? _____ Where? _____
Is your child currently under a physician's care? _____ For: _____
Is your child taking any medications? _____ If so, what?_____

Educational Information:

School: _____

Grade: _____

Does child excel in any subjects/areas? _____

Does s/he struggle in any subjects/areas?_____

Does s/he read at grade level? _____ Does s/he enjoy reading? _____

Does s/he spell at grade level? _____ Does s/he enjoy writing? _____

How does your child feel about school and his/her teachers? _____

_____

Has your child been in any special programs (Speech, Language, Reading, Special Ed., etc.):

_____

If so, Teacher's/SLP's Name(s): _____

Questions & Additional Information:

What would you consider your child's strengths? _____

_____

_____

_____

Are there specific questions you would like answered about your child?

_____

_____

_____

_____

_____

Is there anything else about your child or your family that I should know that might help me provide better service?

_____

_____

_____

_____

_____

How did you hear about us?

_____