



Speech-Language Pediatric Case History Form

Saren Schapiro, M.Sc., CCC-SLP

Basic Information

Childs Name: _____

Date of Birth: _____

Current Date: _____

Childs Current Age: _____

Address: _____

Home Phone #: _____

Mothers Name: _____

Mothers Cell #: _____

Mothers age at birth: _____

Mothers Occupation: _____

Fathers Name: _____

Fathers Cell #: _____

Fathers age at birth: _____

Fathers Occupation: _____

Siblings (names and ages): _____

School/Preschool, Teachers Names, and Number of Days per Week:

Is your child currently receiving Speech-Language Services?

Have any siblings received Speech-Language Services?

Family History: Please discuss any family history of speech, language, or learning disorders (e.g., late talker, dyslexia or reading difficulties, hearing loss, premature birth) or any other relevant medical family history.

Birth and Medical History

1. Were there any complications during pregnancy or birth? If yes, please describe:

2. Were any medications taken during pregnancy or delivery? If yes, please list:

3. Has your child ever been hospitalized? If yes, please detail the reason, date, and length of stay:

4. Does your child have a history of Ear Infections? If yes, please note:

How many per year? _____

How were they treated? _____

5. Are there any other medical conditions that your child has been diagnosed with? _____

6. Is your child currently taking any medications? Please note the name and reason:

7. Please provide information regarding your child's service providers (physician, occupational therapist, behavioral therapist, physical therapist, etc)

Name and Service: _____

Phone Number: _____

Address: _____

Please sign here for permission to contact this provider with matters concerning your child's
Speech-Language Therapy: _____

Name and Service: _____

Phone Number: _____

Address: _____

Please sign here for permission to contact this provider with matters concerning your child's
Speech-Language Therapy: _____

Name and Service: _____

Phone Number: _____

Address: _____

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Speech-Language Therapy: _____

Feeding History (only fill out if you are concerned about your child's feeding skills development)

1. Has your child ever had feeding or swallowing difficulties? Please describe:

2. Have you in the past sought help for your child's feeding or swallowing difficulties? Please describe any therapy and outcomes:

3. Please mark one or more of the following items that describes your child:

picky eater prefers sweet prefers salty prefers spicy
 prefers crunchy prefers mushy prefers liquids refuses sweet
 refuses salty refuses spicy refuses crunchy refuses mushy
 refuses food in the mornings refuses food at dinner time

Other: _____

4. How would you rate your child's feeding difficulties on a scale of 1-5 (1 being very mild, 5 being severe): _____

5. Please describe the foods your child likes:

6. Please describe the foods you would like your child to eat:

Communication and Developmental History

1. Please describe your concerns regarding your child's communication skills:

2. When did you first notice your child's communication difficulties?

3. What do you think caused your child's communication difficulties?

4. Have your child's communication difficulties ever become better or worse, or seem to stop for a time?

5. Please indicate the age at which your child achieved the following Speech-Language milestones:

Began to babble: _____

Used approx. 50 different words: _____

Said first word: _____

Used 2 word phrases: _____

Began to use 3 word phrases: _____

Began to ask questions: _____

6. How long are your child's typical sentences? Please give an example.

7. How often do you understand what your child says? Always Most of the time

Frequently Occasionally Rarely Never

8. How often do others understand what your child says? Always Most of the Time

Frequently Occasionally Rarely Never

9. When did your child achieve the following gross motor milestones:

Supported head: _____ Pulled to stand: _____

Sat unsupported: _____

Walked: _____

Crawled: _____

10. Please choose one or more of the following which describe your child's play behaviors:

Bangs, hits, or throws toys

Uses toys appropriately/in the manner expected

Engages in simple symbolic play (e.g., pretends a cup is a phone)

Engages in more complex symbolic play ideas (e.g., tea party)

Prefers to play alone

Has difficulty initiating play with others

Plays in parallel to other children

Plays cooperatively within small groups

Leads others in play ideas

Other: _____

11. Does your child get along with his/her siblings? Please describe how they play:

12. What activities do you participate in with your child?

Thank you for your full completion of this form!

Please return this form to:

Saren Schapiro, M.Sc., CCC-SLP

7145 Northgreen Drive

Atlanta, Ga 30328

SarenSchapiro@gmail.com

