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Speech-Language Hearing Center
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SOCIAL-MEDICAL-DEVELOPMENTAL CASE HISTORY
CHILD FORM (birth - 15 years old)

Instructions: Please complete the following information to the best of your ability and as completely as possible. The information contained in this form will be used by our diagnostic team to develop a plan and generate a report. If you need more space, please feel free to use the back of the form.

General Demographic Information:

Date:			
Client's Name		Client's Preferred Name	
Client's Gender	× Male × Female	Client's DOB	
Client's Race	× Caucasian × African American × Indigenous × Hispanic × Other_____		
Person Completing Form:		Relationship to client:	
Primary Language	Client in the home: × English × Spanish × Marshallese × Other_____ Client in the community: × English × Spanish × Marshallese × Other_____	Parent/Caregiver in the home: × English × Spanish × Marshallese × Other_____ Parent/Caregiver in the community: × English × Spanish × Marshallese × Other_____	
Address:	Address 1:		
	Address 2:		
Phone Number(s):	Primary Contact Number:		
	× Work × Home × Cell × Other_____		
	Secondary Contact Number:		
	× Work × Home × Cell × Other_____		
Mother's Name		Father's Name	
Mother's Occupation		Father's Occupation	
Mother's Email		Father's Email	
Primary Guardian Name (if different from parents)		Referred by:	
Individuals living in the home and age	Client primarily lives: × With both parents × With mother × With father × With guardian × With Grandparents × With Foster Parent Name:_____ Age:_____ Name:_____ Age:_____ Name:_____ Age:_____ Name:_____ Age:_____		
Name and address of Primary Care Physician			

Physical-Medical History:

Were there any complications with your pregnancy?	× No × Yes If yes, check all that apply: × Unknown × Bleeding × Rashes × Chicken Pox × Injuries × Rh Compatibility × False labor × Anemia × Other _____		
Weeks/days gestation		Weight at birth	
Type of delivery	× Vaginal × Cesarean × Breech × Twin × Adopted	Days in hospital before discharge	
Were there any complications following birth?	× Jaundice × Feeding/Swallowing × RSV × Breathing × Urinating/Excretion × Difficult to arouse × Bruising/marks/discolorations × NICU stay If yes, explain_____ ×Other _____		
Prenatal Exposure	× Tobacco × Illicit drugs × Alcohol × Trauma × Other _____		
History of Illness (check all that apply)	☐ Heart Condition ☐ Visual Difficulties ☐ Hearing difficulties ☐ ADHD ☐ High Fever ☐ Influenza ☐ Tonsillitis ☐ PE tubes ☐ Genetic Disorder ☐ Cerebral Palsy ☐ Down's Syndrome ☐ Autism ☐ ODD	☐ COVID ☐ Seizure Disorder/Epilepsy ☐ Frequent colds ☐ Frequent ear infections ☐ Allergies ☐ Frequent Strep ☐ Tonsillectomy/Adenoidectomy ☐ Diabetes ☐ Cleft Lip/Palate ☐ Muscular Dystrophy ☐ Asthma ☐ Depression ☐ Pneumonia	
Are there any other relevant diagnoses or surgeries/hospitalizations?	× No × Yes If yes, please describe:		
Has the child ever been examined by a neurologist?	× No × Yes If yes, please describe findings:		
Does the client have any known food or latex allergies?	× No × Yes If yes, please describe:		
Is the client currently on any medication (OTC/prescribed)?	× No × Yes If yes, please describe:		
Does the client currently have a hearing assistive device?	× No × Yes If yes, please describe:		
Please list the age at when the following developmental milestones were achieved.	Sitting: _____ Walking: _____ Crawling: _____ Toilet Training:_____ Saying single words_____ Using sentences_____		
Has your child had any of the following traumatic brain events:	× ATV accident × Car accident × Sport injury × Concussion × Significant Fall × Other _____		
Vision History	Do you have concerns about the client's vision? × No × Yes Does the client wear glasses? × No × Yes Is there family history of vision problems? × No × Yes If yes, explain_____ When was the client's vision last assessed?_____		

Speech-Language development skills (check all that apply)	☐ Babbled sounds/cooing sounds when appropriate ☐ Follows directions well ☐ Seems to understand what is said to them ☐ Needs to look at a person to understand what is said to them ☐ Rarely attempts speech ☐ Seems to be unaware of sounds in their environment ☐ Depends on gestures/signs instead of speech ☐ Attempts speech but is difficult to understand	☐ Uses speech sounds incorrectly, leaves out words, or confuses word order ☐ Stammers or stutters ☐ Talks too fast ☐ Talks too slowly ☐ Uses an abnormal voice quality ☐ Uses complete sentences ☐ Uses only phrases or short words ☐ Responds to their name when called ☐ Other_____ _____ _____

Presenting Complaints:
In your own words, describe what concerns you have about the client:

_____

_____

_____

What do you hope to gain, or questions do you hope to have answered, from this evaluation experience?

_____

_____

_____

Social-Educational Development:

When was this problem first noticed?	× Birth × Preschool × Elementary school Grade_____ × Middle school Grade_____ × High school Grade _____	
What, if any, **literacy** related symptoms do you see most often? (check all that apply)*	☐ Difficulty recognizing or reproducing rhyming words ☐ Difficulty naming the first or last sound in a word ☐ Difficulty blending sounds together to make a word ☐ Difficulty learning or recalling names of letters ☐ Difficulty learning or recalling sounds of letters ☐ Difficulty sounding out unfamiliar words ☐ Difficulty reading words accurately ☐ Weak or limited oral vocabulary ☐ Difficulty finding the right word ☐ Difficulty speaking with correct grammar ☐ Has trouble organizing time and materials ☐ Does many things too quickly ☐ Is inconsistent in classwork and homework assignments ☐ Other:_____	☐ Makes frequent reading errors ☐ Reads with hesitations ☐ Reads slowly ☐ Difficulty spelling words correctly ☐ Difficulty understanding what they read ☐ Difficulty answering textbook questions ☐ Difficulty writing sentences correctly ☐ Difficulty writing stories and reports ☐ My child has reading difficulties that seem unexpected compared to their other abilities. ☐ Difficulty understanding verbal directions ☐ Difficulty understanding stories read to them ☐ Difficulty explaining ideas or elaborating on thoughts ☐ Is often overactive or fidgety ☐ Is slow with handwriting and copying tasks ☐ Displays overall poor quality/illegible handwriting on written assignments

*Adapted from the Parent Interview for Dyslexia, Texas Scottish Rite Hospital for Children		
What, if any, **language** related symptoms do you see/hear most often? (check all that apply)*	☐ Word knowledge may be below expectancy ☐ Hesitates or refuses to participate in verbal activities ☐ Cannot relate the events in a story or information in a report in sequential order ☐ Asks questions and/or responds to questions inappropriately (especially "why" and "how" question forms) ☐ Responds inappropriately to subtle nonverbal social cues, often giving inappropriate social responses ☐ Is compulsive in actions or speech ☐ Has difficulty learning and applying concepts of time, space, quantity, size, proportion, and measurement ☐ Has difficulty comprehending and using linguistically complex sentences ☐ Has difficulty discriminating likenesses and differences ☐ Has difficulty remembering and finding specific words to use during conversation or when answering a question ☐ Does not recognize and understand figurative language such as alliteration, similes, metaphors, personification, and idioms	☐ Word substitutions may occur frequently in reading and in writing, from copying or reproducing from recall ☐ Inattentive, distractible; exhibits poor concentration; has difficulty "tuning in" to tasks or switching tasks ☐ Has difficulty following directions; must be "shown" what to do ☐ Has trouble analyzing/integrating information from what is seen, heard, or felt ☐ Cannot give clear and appropriate directions ☐ Is slow to respond during verbal interaction or following verbal cues ☐ Acts impulsively, without forethought; often responds before instructions are completed ☐ Has problems acquiring and using grammatical rules and patterns for word and sentence formation ☐ Cannot predict outcomes, make judgments, draw conclusions, or generate alternatives after appropriate discussion ☐ Has difficulty interpreting or formulating (oral or written) compound or complex sentences, and/or sentences which compare and contrast ideas or show cause-effect relationships
What, if any, **fluency** (stuttering) and/or voice related symptoms do you see/hear most often?	☐ Hesitates or refuses to participate in verbal activities ☐ Displays refusal behavior and/or low frustration tolerance ☐ Is embarrassed or disturbed by their speech, regardless of age ☐ Has abnormal rhythm or rate of speech ☐ Has inappropriate vocal pitch for age ☐ Has breathy, harsh, husky, or monotone voice ☐ Does not use appropriate vocal control, particularly in regulating speaking volume (unusually loud or soft)	☐ Word substitutions may occur frequently in reading and in writing, from copy or reproducing from recall ☐ Repeats what is said to him or what he is reading, vocally or subvocally (whispers) ☐ Sounds unusually nasal; voice has a "whining" quality ☐ Frequently prolongs or repeats sounds, words, phrases, and/or sentences during speech ☐ Will not initiate conversations

What, if any, **speech-sound development/articulation** related symptoms do you see/hear most often?	☐ Client is difficult to understand? ☐ 25% of the time ☐ 50% of the time ☐ Majority of the time ☐ Client appears frustrated when speaking because of their articulation ☐ Client makes errors in writing (spelling) like they do in speaking. (example: **w**abbit for **r**abbit) ☐ Client appears to be aware of their articulation errors	☐ Client has errors when reading or speaking orally ☐ Client avoids speaking because of their articulation ☐ Client's articulation appears to limit social interactions ☐ Client does self-correct their articulation sound errors ☐ Client's speech calls attention to itself and distracts from the content of the message
What, if any, **feeding/swallowing** related symptoms do you see/hear most often?	☐ Client does not eat by mouth ☐ Client does not feed themself ☐ Client frequently chokes/coughs when eating/drinking ☐ Client has had pneumonia frequently ☐ Client frequently drools	☐ Client is "picky" and doesn't eat a variety of foods ☐ Client has "issues" with the texture of food/drinks ☐ Client frequently breathes during the day with their mouth open ☐ Other_____
What has been done to address the concern up to this date of this referral? (If the client has had previous speech-language or hearing evaluations or therapy, please indicate where and approximate dates.)	☐ Speech-Language Therapy _____ ☐ Occupational Therapy _____ ☐ Physical Therapy_____ ☐ Behavior Counseling_____ ☐ Genetic Counseling _____ ☐ ABA _____ ☐ Other _____	
Is the client aware of the problem?	× No × Yes If yes, how do you know?:	
Does anyone in the family have similar struggles?	× No × Yes If yes, please explain:	

Please mark the words/statements that describe the client's personality ***most of the time*** (check all that apply)	☐ Sad/Cries frequently ☐ Moody ☐ Friendly ☐ Leader ☐ Quiet ☐ Independent ☐ Talks too much ☐ Daydreams ☐ Misses social cues	☐ Happy ☐ Even tempered ☐ Prefers to be alone ☐ Over active ☐ Prone to tantrums ☐ Fearful ☐ Rocks/flaps/stims ☐ Physically aggressive	☐ Has trouble sleeping ☐ Uninterested ☐ Excited to learn ☐ Easily distracted ☐ Creative ☐ Averse to sensory items ☐ Is disorganized ☐ Invades personal space
Does the client like school?	× No × Yes	Does the client have friends?	× No × Yes
Does the client enjoy reading or being read to?	× No × Yes	Is the client involved in extracurricular activities?	× No × Yes If yes, what? _____

When reading, what types of mediums does the client prefer (check all that apply)?	× Picture books × Easy readers × Graphic novels × Chapter books × Magazines × Other		
What electronic devices does the client have exposure to on a daily/weekly basis?	× TV × iPad/tablet × Phone × Smart watch × Other	How many hours a day does the client spend exposed to a device/screen?	× Weekday_____ × Weekend _____
Please list any schools attended.	Preschool _____ Elementary School _____ Middle School _____ High School_____		
What is the client's primary educational setting and grade?	× Traditional Public School × Private School × Homeschool × Farm/Nature School × Virtual School × Other:_____ Current Grade or grade equivalent _____		
If the client is homeschooled, please answer the following:	What curriculum is the client using?_____ Is the client involved in a co-op? × No × Yes @_____ What grade level equivalent is the client at for: Reading_____ Writing_____ Math_____		
If the client does not attend school, when (if any) do they have interactions with others?	× Educational Co-op × Church × Play Group × Park/Playground ×Organized events × Other (please describe)		
Has the client ever repeated a grade?	× No × Yes If yes, which one?_____	Does the client currently have a 504/IEP?	× No × Yes
Are there any other circumstances that could be impacting the client's academic/social performance (check all that apply)?	× Recent move × Acute sickness in the family (cancer, etc) × Chronic sickness in the family × Divorce × Incaracation × Death in the family × New siblings ×Other_____		
What are the client's strengths (academic and/or personal)?			
What are the client's weaknesses (academic and/or personal)?			

Behavioral/Pragmatics:

Does the client have trouble behaving in school/social situations?	× No × Yes If yes, explain:	Does the client have trouble behaving at home?	× No × Yes If yes, explain:
How does the client get your attention when they want/need something?	× Uses words ×Uses phrases/sentences × Uses gestures or pointing × Cries/grunts ×Device × Other (explain)		
How does the client express that they are uncomfortable or do not want to do something?	× Uses words ×Uses phrases/sentences × Uses gestures or pointing × Cries/grunts ×Device × Other (explain)		
Does the client consistently respond to their name when called or other speech sounds when not facing the speaker?	× No × Yes If no, explain:		
How do you primarily communicate with each other?			

Additional Comments:

Please use the space below to share any additional comments or information that you feel the diagnostic team could benefit from knowing.