HARDIN-SIMMONS UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY

CASE HISTORY (CHILD) **Date completed**: _____

CHILD'S NAME: _____ DOB/AGE: _____

PRIMARY CAREGIVER(S): _____ CAREGIVER CELL PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

EMAIL: _____ HOME PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

CHILD'S PEDIATRICIAN: _____ PHONE #: _____

HOW DID YOU HEAR ABOUT THE HSU SPEECH CLINIC? _____

Check the ways we may communicate with you: □ Cell Phone □ Email May we leave a message: □ Yes □ No

OTHER FAMILY MEMBERS LIVING WITH CHILD:

Name	*Age*	*Relationship*	*School*	*Grade*

Primary language used in the home: _____

What language(s) does your child speak? _____

If applicable, which language does your child prefer? _____

Describe your primary concern regarding your child's speech and/or language.

How old was your child when you first became concerned about his/her speech and/or language? _____

Has your child's difficulty recently improved or worsened? Please describe:

Does your child seem to be aware of his/her problem? □ Yes □ No If yes, how do you know?

HARDIN-SIMMONS UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY

Has your child received speech-language therapy? □ Yes □ No If yes, provide the following information:

Location _____ Dates: _____

Has your child previously been seen by any other specialists? □ Yes □ No If yes, explain:

Is there any history of speech-language-hearing problems in the family? □ Yes □ No If yes, please describe:

PRENATAL AND BIRTH HISTORY

Length of pregnancy: _____

Were there any issues during the pregnancy and/or delivery? □ Yes □ No If yes, please explain:

MEDICAL HISTORY

Please check the following illnesses or conditions that apply to your child:

	Adenoids removed		Allergies (food, medication)		Asthma
	Attention-deficit disorder (ADD) Attention-deficit hyperactivity disorder (ADHD)		Autism		Bronchitis
	Chewing and/or swallowing difficulties		Chicken Pox		Frequent ear infection(s)
	Hearing loss Type of hearing loss: Age of onset:		PE Tube(s) placed □ Right □ Left □ Both		Seasonal Allergies
	Seizures		Tonsils removed		Uses assistive device(s)
	Uses communication device(s)		Wears hearing aid(s) □ Right □ Left □ Both		Wears glasses
	Other:				

Please explain all item(s) checked above:

Does your child take any medication(s) currently? □ Yes □ No If yes, please list:

HARDIN-SIMMONS UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY

Has your child had any surgeries? □ Yes □ No If yes, please describe and list the age(s):

DEVELOPMENTAL HISTORY

Did your child reach developmental milestones (ex: sitting, crawling, walking, feeding self) at appropriate ages? □ Yes □ No

If no, please explain:

BEHAVIORS

Please check all behaviors that describe your child:

	Aggressive		Demands attention		Discipline problems
	Easily frustrated		Easily redirected		Hyperactive
	Lacks confidence		Nervous or sensitive		Plays well with peers
	Prefers to play alone		Sensitive to loud noises		Short attention span
	Talks excessively		Other:		

EDUCATIONAL HISTORY

Does your child attend one of the following? □ Daycare □ Mother's Day Out □ Public School □ Private School

□ Home School

Please provide information (name of school, grade, academic performance):

Does your child receive any special services? □ Yes □ No If yes, please explain:

Please share any additional information you feel is essential for today's visit:

Name of Person Completing Form _____ Relationship to Child _____

Signature _____ ***Date*** _____

HSUSLC, 2200 Hickory Street / HSU Box 16172, Abilene, Texas 79698-6172
325-670-1014 office slp@hsutx.edu