Speech Pathology Paediatric Case History Form

Child's name: **Parents' names:**

Date of birth: **Age:**

Address:

Phone number: **Email address:**

Who else lives at home?

Is there a family history of communication problems?

Does your child attend childcare/kinder/school?

Grade: **Name of kinder/school:**

Referral details

Who suggested that your child see a speech pathologist? _____

What is the main reason for your child's referral/What are your major concerns?

_____

When did you first become aware/concerned? _____

Has your child previously seen a speech pathologist? _____

Does your child have any medical conditions? _____

Has your child's hearing been tested? _____

Is your child from an aboriginal or Torres Strait Islander background? Yes / No

Is your child involved with any other services? E.g: Occupational therapist, Paediatrician_____

Pregnancy and Birth

Where there any problems during the pregnancy/birth? _____

Was there any problems after birth? _____

Has your child breast fed? How old when they stopped? _____

Does your child have any difficulty with eating and drinking at the present? _____

Developmental Milestones

At what age did your child:

- Babble _____
- Begin to use words _____
- Put 2 or three words together _____
- Become toilet trained _____

Expressive language (Talking)

How would you describe your child's vocabulary? / How many words does your child use?

_____

_____

Does your child have difficulty thinking of the right words to say? _____

How many words in a sentence does your child use when talking? _____

Receptive language (Comprehension)

Does your child seem to understand everything that you say/ask? _____

Does your child follow instructions correctly? _____

Social Language

Does your child have difficulty?

- ☐ Taking turns
- ☐ Eye contact
- ☐ Playing independently
- ☐ Playing with others
- ☐ Making friends

Articulation

Do you and/or others find your child's speech clear? _____

Have you identified any sounds that your child is unable to say? _____

Fluency and voice

Do you have any concerns that your child is stuttering? _____

Do you have any concerns with your child's voice (e.g. husky, too loud)? _____

Any further comments

_____

_____