

SPEECH AND HEARING CLINIC

University of South Alabama
Department of Speech Pathology and Audiology
HAHN 1119
Mobile, AL 36888-0002
251/445-9378

Date _____

CHILD CASE HISTORY FORM (Speech-Language Pathology)

Child's Name _____ Birthdate _____

Male _____ Female _____

Address _____

Home Phone _____ Cell _____ city _____ state _____ zip code _____

Work _____

E-mail _____

Child's School _____ Grade _____

Child's Doctor _____

Persons Living in the Home:

Name	Age	Sex	Grade Reached	Employer
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Father _____

Mother _____

Others _____

A. Background Information

1. Who referred you to this Center? _____

2. Briefly describe the child's communication problem:

3. Describe previous treatment if any, for the problem:

4. Languages spoken in the home:

5. Check any of the following services which the child has received:

speech/language evaluation neurological evaluation special education

speech/language therapy genetic evaluation EMR crass

B. Pregnancy and Birth Information

1. Any unusual illness during pregnancy ____ 1 (c)-6 (y)18 ()-127S8(-12 3)1 0.24S 0.289 0 Td [(____)-12 28f

Check any which apply:

breech birth C-section instruments used trouble breathing
 incubator used scars/bruises respirator used unusual color

C. Developmental Information : List age at which the child achieved the following skills:

Sat alone _____

Fed self _____

Physical condition has been:

Crawled _____

Toilet trained _____

fast slow average

Walked unaided _____

Dressed self _____

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10. Is there any history of learning problems in the family? _