

**F-40: Child Client History—Speech-Language Pathology**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: **M F** Age: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: home: ( ) \_\_\_\_\_ work: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

Pediatrician's Name/Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Description of problem \_\_\_\_\_

When did you become aware of the problem? \_\_\_\_\_

**Parents/ Guardians**

Name	Age	Occupation	Education

Does the child live with both parents: \_\_\_\_\_ If no, with whom? \_\_\_\_\_

**Other Children**

Name	Relationship	Age

Is child adopted? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Other Persons Living in the Home**

Name	Relationship	Age

Primary Language spoken in home: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Has anyone in your family had: (if so, please specify)

*Speech problems:* \_\_\_\_\_

*Learning problems:* \_\_\_\_\_

*Behavioral problems* \_\_\_\_\_

*Seizures:* \_\_\_\_\_

*Allergies:* \_\_\_\_\_

*Chronic Illness of any kind:* \_\_\_\_\_

If any members of your family ever had had special help with a psychologist, social worker, psychiatrist, speech therapist, medical specialist (neurologist, orthopedist, ENT physician, etc.), please comment: \_\_\_\_\_

<b>Pregnancy, Birth and Developmental History</b> (During the pregnancy with this child was there (answer yes, no, or NA for do not know))			
anemia		illness, please specify:	
bleeding		injuries, please specify:	
blood incompatibility		Other, specify:	
diabetes		Rx drugs, please specify:	
drugs		toxemia	
German measles		x-rays, please specify:	

Was there anything you or your doctor considered unusual during this pregnancy?

Was the child premature? \_\_\_\_\_ If so, how many weeks? \_\_\_\_\_

Delivery was: (please check): Normal: \_\_\_\_\_ Breech: \_\_\_\_\_ Other: \_\_\_\_\_

Were there complications during delivery? \_\_\_\_\_

Birth weight: \_\_\_\_\_ APGAR score: \_\_\_\_\_

**During the first month after birth was your child:**

Cyanotic: \_\_\_\_\_ Jaundiced: \_\_\_\_\_ In incubator: \_\_\_\_\_

If so, for how long? \_\_\_\_\_

Did your child have trouble with sucking or swallowing? \_\_\_\_\_

Other problems during the first month: \_\_\_\_\_

<b>Infancy</b>	Average	Less than Average	More than Average
amount of activity			
amount of affection			
amount of crying			
amount of sleep			
food tolerance			
weight gain			

<b>Developmental Milestones</b> (Give ages at which the following occurred)			
	AGE		AGE
sat unsupported		bladder control	
crawled		bowel trained	
stood alone		night trained	
walked unsupported		easily separated from mother	
dressed self with supervision			

Was there anything in your child's physical or mental growth you were concerned about during the first eighteen months? \_\_\_\_\_

<b>Medical History (previous illnesses)</b> Please check those illnesses or diseases which the child has had and indicate age at the time of illness>			
ILLNESS	AGE	ILLNESS	AGE
allergies		mumps	
chicken pox		pneumonia	
concussion		recurrent ear infections	
encephalitis		seizures	
fracture of extremities		skull fracture	
ingestion of poison		upper respiratory problems	
measles		other, specify:	
meningitis			

List and describe hospitalizations of child, including emergency room visits. Give reason for visit as well as date: \_\_\_\_\_

Describe the child's general health: \_\_\_\_\_

Is the child currently under medical treatment or on medication? If so, please describe: \_\_\_\_\_

Has the child's hearing ever been tested? \_\_\_\_\_ When? \_\_\_\_\_ Where: \_\_\_\_\_

Results: \_\_\_\_\_

Does the child have any of the following?

*Vision problem:* \_\_\_\_\_ *Glasses:* \_\_\_\_\_ *Hearing problem:* \_\_\_\_\_

*Cleft palate:* \_\_\_\_\_ *Fistula:* \_\_\_\_\_ *Hearing aid:* \_\_\_\_\_

*Abnormality of tongue, jaw, teeth or lips:* \_\_\_\_\_

*Emotional or behavioral problems* \_\_\_\_\_

*Other physical disability:* \_\_\_\_\_

Has the child been seen by any other specialist? If so, list name of specialist seen, and purpose of visit: \_\_\_\_\_

### SPEECH AND LANGUAGE

Did the child make sounds during the first six months? \_\_\_\_\_

Did you regard your child as being unusually noisy or quiet during this period? \_\_\_\_\_

Age when child's first word emerged? \_\_\_\_\_ first word? \_\_\_\_\_

At what age did your child begin to use two and three word combinations? \_\_\_\_\_

Is the child aware of the speech problem? \_\_\_\_\_

If so, when was the child first aware? \_\_\_\_\_

Does the child attempt to correct the speech problem, (please describe)? \_\_\_\_\_

Has the family tried to help the child's speech (please describe)? \_\_\_\_\_

Which of the following statements is most typical of your child's speech development (check one in each column).	
Understanding	1. _____ understands only gestures
	2. _____ responds to simple single verbal commands
	3. _____ responds to complex verbal commands
Expression	1. _____ communicates primarily through gestures
	2. _____ speech limited to single words or phrases
	3. _____ converses in simple sentences
	4. _____ converses at fairly abstract or complex way
Speech	1. _____ understandable only to parents
	2. _____ understandable to others
Fluency	1. _____ normal
	2. _____ repeats and/or prolongs sounds, words or phrases
	3. _____ trouble getting words to come out

SOCIAL HISTORY

Does the child play well with other children? \_\_\_\_\_

What are the ages of the child's most frequent playmates? \_\_\_\_\_

Does the child prefer to play alone rather than with other children? \_\_\_\_\_

Does the child present any behavioral problems (if yes, please describe)? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION (List the schools attended , including preschool programs)		
School	City	Date and Grade Levels

Present Grade Level:   Preschool   Kindergarten   1   2   3   4   5   6   7   8   High school

Has the child repeated any grades? \_\_\_\_\_ If so, specify: \_\_\_\_\_

Child's best subjects or skills in school \_\_\_\_\_

Child's poorest subjects or skills in school \_\_\_\_\_

What kind of special problems has your child experienced in school? \_\_\_\_\_

Does your child participate in any special school activities (e.g., instrumental music, chorus, sports, etc.)? \_\_\_\_\_

<u>SUMMARY</u> If you were to evaluate what factors may be related to your child's speech and language problem, what would you include? Check as many factors you think are present.			
behavior problems	<input type="checkbox"/>	feeding problems	<input type="checkbox"/>
bilingual home	<input type="checkbox"/>	hearing problem	<input type="checkbox"/>
brain injury	<input type="checkbox"/>	lack of playmates	<input type="checkbox"/>
cerebral palsy	<input type="checkbox"/>	lack of proper stimulation	<input type="checkbox"/>
ear infections	<input type="checkbox"/>	sibling rivalry	<input type="checkbox"/>
emotional problem	<input type="checkbox"/>	stubbornness	<input type="checkbox"/>
environmental problems	<input type="checkbox"/>	visual disturbance	<input type="checkbox"/>
epilepsy	<input type="checkbox"/>	feeding problems	<input type="checkbox"/>

What is your biggest concern at this time (Hearing, speech, language, medical, education, social, other).

Please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_