



47W836 Main Street Rd | Elburn, IL 60119
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Case History Form

Child's name _____ Today's date _____

Parents _____ Child's Date of Birth _____

Phone (work/cell) _____ Age _____

(home) _____

Email address _____

Siblings: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Diagnosis? _____

Medications? _____

Primary Home Language _____

Is your child in a day care, infant program, preschool, or school? If so, where, what grade, and how many days per week? _____

Please answer the following:

1. Describe your concerns: _____

2. When did you first notice the problem? _____

3. Is there a family history of speech-language disorders? Please describe: _____

4. Would you describe your child as a quiet infant? _____

5. Did your child babble? At what age? _____

6. Did your child use a variety of sounds when babbling? Examples: _____

7. When did your child say first words? _____ What were the first words? _____

8. When did your child combine two words? _____

9. How many words does your child use now?

0-20 20-50 50-100 100-150 150-200 200-300 300+

10. Does your child produce phrases and sentences?

2-word 3-word 4-word 5-word more

11. Does your child have difficulty making some consonant/speech sounds? If so, please list them: _____

12. Does your child prefer to communicate by using gestures or by pointing? _____

13. Does your child ever become frustrated when trying to speak or communicate his/her needs? _____ Please explain: _____

What helps your child reduce frustration? _____



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14. Does your child have a history of using words once and never again? _____
15. Does your child play and communicate well with friends and family? _____
16. Can others outside the family understand your child when he/she speaks? _____
17. When did your child: crawl _____ walk _____
18. Does your child have a history of:
- a. Ear infections _____ How often? _____
 - b. Allergies _____ What kind? _____
 - c. Asthma _____ How severe? _____
19. Has your child ever had:
- a. Surgery _____ Type and date _____
 - b. Chronic illness _____ Type and date _____
 - c. Serious accident _____ Type and date _____
20. Did you have a normal pregnancy and delivery? Please explain: _____

21. Was the pregnancy full term? _____
22. What was your child's condition at birth? _____
23. Were there any feeding difficulties immediately after birth? _____

24. Did your child have any special needs after birth? _____

25. Did your child eat a variety of foods? _____ Examples: _____

26. Does he/she avoid any specific type of food or texture? _____

27. When did your child start eating solid foods? _____

Please check yes or no for the following:

	Yes	No
Does your child drink from a cup?		
Did he/she have difficulty moving from liquids to solids?		
Does your child choke or cough often when eating or drinking?		
Does your child overstuff his/her mouth when eating?		
Is he/she a messy eater?		
Is he/she a neat eater?		
Is he/she bothered by a messy face?		
Does your child resist face washing?		
Does your child resist tooth brushing?		
Does your child put objects in his/her mouth frequently?	Examples: Yes	No
Does your child suck his/her thumb or use a pacifier?		



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Does your child drool?		
Can your child blow soap bubbles or blow out a candle?		
Does your child have difficulty learning motor tasks? (e.g., running, jumping, holding a spoon)		
Does your child seem clumsy?		
Can your child follow simple directions?		
Can your child follow complex directions?		
If your child speaks in sentences, does he/she use correct grammar?	Examples:	Examples:
Does he/she use first and second pronouns (I, me, my, you, your, yours)		
Does your child imitate words or actions?		
Does he/she imitate more single words or phrases, or both?		
Does he/she generate new word combinations he/she heard and memorized?		
Does your child ever use the right phrase but in the wrong situation (<i>please</i> instead of <i>thank you</i> , <i>hi</i> instead of <i>bye</i>)		
Does your child request help when needed?	How?	
Does it ever seem like your child is not attending to your words (selective listening)?		
Does your child comment on environmental noises (cars, airplanes)?		
Does your child prefer organization or routine?		

28. How would you describe your child's memory? Poor average amazing

29. Does your child have any strong interest? (e.g., trains, blocks, dolls) _____

30. Has your child ever had a hearing evaluation? Date: _____ Results: _____

31. Has your child had a previous speech and language evaluation? Date: _____

32. Has your child ever been enrolled in speech-language therapy? Dates: _____

Goals: _____

33. Has your child ever been enrolled in physical or occupational therapy? Dates: _____

Goals: _____



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34. Do you notice if your child uses phrases they have heard from movies, TV shows, or songs? If so, list some of the phrases they say here _____

35. Does your child use a communication device? If so, what device do they use and when did you obtain it? _____

36. Please list anything else that would be important for us to know about your child _____
