



Compass Speech Therapy, LLC Case History Form

Please return this form to your speech-language pathologist either at the next therapy session or through email (scan and email) at Lindsay@CompassSpeechTherapy.com.

General Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Does the Child Live With Both Parents? _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____

Father's Name: _____ Age: _____

Father's Occupation: _____

Brothers and Sisters (include names and ages):

What languages does the child speak? What is the child's dominant language?

Describe the child's speech-language problem.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed? By whom?

Has the problem changed since it was first noticed? If so, please describe.

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech-language pathologists (or any other specialist) seen the child? Who and when?
What were their conclusions or suggestions?

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.). Poor/fair/good? If complications both for mother and baby, please describe:

Medical History

Does your child have any current medical conditions? If so, is the child taking any medications?

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

Describe any major accidents or hospitalizations.

Developmental History

Did your child meet the normal developmental milestones for the following? **If so, please put a check on the line. If not, please write the approximate age in which milestone(s) was met:**

Crawl _____ Sit _____ Stand _____ Walk _____ Feed self _____ Dress self _____

Use toilet _____ Use single words (e.g., no, mom, doggie) _____

Combine words (e.g., me go, daddy shoe) _____ Name simple objects (e.g., dog, car, tree) _____

Use simple questions (e.g., Where's doggie?) _____ Engage in a conversation _____

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

Provide any additional information that might be helpful when evaluating/remediating any speech-language deficits.

Person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____