

PEDIATRIC CASE HISTORY

Patient Information

Name: _____

Date of Birth: _____

Age: _____ Gender: _____

Address: _____

Primary Number: _____ Secondary Number: _____

Email Address: _____

Emergency Contact: _____ Telephone Number: _____

Relationship _____

Parent/Guardian: _____ Person completing this form: _____ Date: _____

Referral Source: _____

Pediatrician: _____

Primary Concern

Reason for Requesting an Evaluation: _____

Duration of Concern: _____

Communication Profile

Current Communication Status

Hearing Status: ☐ Passed hearing screening ☐ Failed hearing screening ☐ Hearing has not been screened

Communication Mode: ☐ Speaking ☐ Nonspeaking ☐ Augmentative and Alternative Communication (AAC)

If speaking, how well is the child's speech understood:

By Family: ☐ 25% ☐ 50% ☐ 75% ☐ 90-100%

By Others: ☐ 25% ☐ 50% ☐ 75% ☐ 90-100%

Language Skills

Expressive Language:

☐ No words

- ☐ Single words
- ☐ Short phrases
- ☐ Complex sentences

Receptive Language:

- ☐ Follows no commands
- ☐ Follows simple commands
- ☐ Follows complex instructions

Developmental History

Developmental Milestones:

First Words: Age _____

Word Combinations: Age _____

Independent Sitting Age: _____

Walking: Age _____

Medical History

Significant Medical Conditions: _____

Medications: _____

Allergies: _____

Previous Evaluations/Therapies: _____

Educational Information

Current School: _____

Grade: _____

Special Education Services: ☐ Yes ☐ No (If yes, please describe) _____

Family Background

Primary Language at Home: _____

Additional Languages: _____

Family History of Communication Disorders: ☐ Yes ☐ No (If yes, please describe) _____

Additional Observations

Specific Concerns/Challenges: _____

Progress in Past 6 Months: _____

Consent and Authorization

Parent/Guardian Signature: _____ Date: _____