**CASE HISTORY INFORMATION**

\* You may fill this out on your computer, save, and forward via email an attachment, or, you may print the form out and mail to: ***Late Talkers, 104 Kenner Ave., Nashville, TN, 37205*.**

**CHILD INFORMATION**

Name: DOB:

Address: Age:

City/State/Zip: Sex:

Phone: Home: Work: Other:

Email:

Pediatrician/Group:

**FAMILY INFORMATION**

Father/Guardian Name: Age: Education: Occupation:

Mother/Guardian Name: Age: Education: Occupation:

Siblings (names/ages)

**REFERRAL**

Who referred you for this evaluation?

**DESCRIPTION**

When were concerns first raised regarding speech and/or language? By whom?

Describe the nature of the concerns regarding your child’s speech and/or language.

**PREGNANCY, BIRTH AND GENERAL HEALTH**

Health of mother during pregnancy:

Duration of pregnancy:

Number of pregnancies prior to the birth of this child:

Total number of pregnancies:

During pregnancy, did the mother experience any of the following conditions:

 high fevers hospitalizations accidents

 German measles illness bleeding

 Other conditions:

 **BIRTH**

Length of labor: Was labor induced? Birth weight

The delivery was: normal caesarian forceps

Were any of the following conditions evident at birth:

 jaundice drug addition intensive care

 anoxia (blue) feeding difficulties special monitoring

**HEALTH**

Has your child’s health generally been good?

If not, please explain:

Has your child had (if yes, indicate age and severity):

 meningitis convulsions/seizures encephalitis

 surgery mumps measles

 tonsillitis high fevers ear infections

 has taken/is taking medications regularly (please list type and duration)

**PHYSICAL DEVELOPMENT**

At what age did your child:

sit up feed self with spoon drink from glass walk

stand become potty-trained tie own shoes dress self

**SPEECH DEVELOPMENT**

As an infant, your child cried: often some rarely

At what age did your child:

coo and gurgle name objects and people

babble use two-word sentences

say first word talk in sentences

What was first word?

Do you feel your child understands what you say?

**HEARING**

Did your child seem to hear when he/she was an infant?

Has your child’s hearing been tested? By whom?

What were the results?

Was medical intervention recommended, and if so, what?

Have you followed this recommendation and if so, how?

Do you have any concerns about your child’s hearing?

Does your child hear everything? Most things? Very little?

**PROFESSIONAL SERVICES**

Has your child received any services from the following agencies:

* Regional Child Development Centers?
* State Sponsored Early Intervention Services (birth to 3years)
* Public Schools/Special Education (3 to 5 years)
* Public Schools/Special Education (Kindergarten – on)
* Private Speech/Language Services
* Hospital-based Services

If your child has been seen by any of the following specialists, please mark the service provided and any diagnosis determined (if applicable).

 Testing/Evaluation Diagnosis Treatment/Therapy

Psychologist

Psychiatrist

Otolaryngologist (ENT)

Neurologist

Geneticist

Developmental Pediatrician

Surgeon

Other

What type(s) of play/toys/activity/ does your child enjoy?

Please add any additional information you like.