FOCUS THERAPY SERVICES, INC.

Mailing Address	Main Office	Bayboro Office	Morehead City Office
PO Box 12192	3310-A Neuse Blvd.	14180 NC Hwy 55	5242 US Hwy 70 W
New Bern, NC 28561	New Bern, NC 28560	Bayboro, NC 28515	Morehead City, NC 28557
Fax# 252-672-8677	T# (252)672-8676	T# (252)745-5500	T# (252)222-3343

www.focustherapy.org

SPEECH-LANGUAGE-HEARING CASE HISTORY FORM

Child's Name: ______________________________ Birthday: ____________
School: ______________________________ Grade: ____________

Child lives with (check one):

☐ Birth Parents ☐ Foster Parents ☐ One Parent
☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other: ____________

Do the child's birth parents have any hearing problems? ☐ Yes ☐ No
If so, please describe: ______________________________

Please list any other children in the family:

Name:	Age:	Gender:	Grade:	Speech/Hearing Problems:

Is there a language other than English spoken in the home? ☐ Yes ☐ No
If yes, which one: ______________________________
Does your child speak the language? ☐ Yes ☐ No
Does your child understand the language? ☐ Yes ☐ No
Who speaks the language? ______________________________
Which language does the child prefer to speak at home? ______________________________

Speech-Language-Hearing:

Do you feel your child has a speech problem? ☐ Yes ☐ No
If so, please describe: ______________________________

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If so, please describe:

Has he/she ever had a speech evaluation/screening? ☐ Yes ☐ No

If so, where and when:

What were you told?

Has he/she ever had a hearing evaluation/screening? ☐ Yes ☐ No

If so, where and when:

What were you told?

Has your child ever had speech therapy? ☐ Yes ☐ No

If so, where and when:

What was he/she working on?

Has your child ever received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc? ☐ Yes ☐ No

If yes, please describe:

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If so, please describe:

Is your child aware of, or frustrated by, any speech/language difficulties?

What do you see as your child's most difficult problem in the home?

What do you see as your child's most difficult problem in school?

Birth History:

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No
If so, please describe: ______________________________

____

____

How old was the mother when the child was born? ______________________________

Was the mother sick during the pregnancy? ☐ Yes ☐ No
If so, please describe: ______________________________

____

____

How many months was the pregnancy? ______________________________

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No
If the child stayed at the hospital, please describe why and for how long: ______________________________

____

____

Medical History:

Has your child ever had any of the following?

☐ Acenoidectomy
☐ Allergies
☐ Breathing difficulties
☐ Chicken pox
☐ Colds
☐ Ear infections
  Frequency: ______________
☐ Ear tubes
☐ Encephalitis
☐ Influenza
☐ Head injuries
☐ High fevers
☐ Measles
☐ Meningitis
☐ Mumps
☐ Scarlet fever
☐ Seizures
☐ Sinusitis
☐ Sleeping difficulties
☐ Thumb/finger sucking habit
☐ Tonsillectomy
☐ Tonsillitis
☐ Vision problems

☐ Other serious injury/surgeries: ______________________________

____

____

____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No
If so, please list why: ______________________________

____

Please list any medications your child takes regularly: ______________________

____

Developmental History:

Please tell the approximate age your child achieved the following developmental milestones:

Sat alone: ______________________

Grasped crayon/pencil: ______________________

Babbled: ______________________

Spoke first words: ______________________

Put two words together: ______________________

Spoke in short sentences: ______________________

Walked: ______________________

Was toilet trained: ______________________

Does your child...

☐ choke on foods or liquids?

☐ currently put toys/objects in his/her mouth?

☐ brush his/her teeth and/or allow brushing?

Current Speech-Language-Hearing:

Does your child...

☐ repeat sounds, words or phrases over and over?

☐ understand what you are saying?

☐ retrieve/point to common objects upon request (ball, cup, shoe)?

☐ follow simple directions ("Shut the door" or "Get your shoes")?

☐ respond correctly to yes/no questions?

☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

☐ body language.

☐ sounds (vowels, grunting).

☐ words (shoe, doggy, up).

☐ 2 to 4 word sentences.

☐ sentences longer than four words.

☐ other: ______________________

Behavioral characteristics:

☐ Cooperative

☐ Attentive

☐ Willing to try new activities

☐ Plays alone for reasonable length of time

☐ Separation difficulties

☐ Restless

☐ Poor eye contact

☐ Easily distracted / short attention

☐ Destructive / aggressive

☐ Withdrawn

☐ Easily frustrated, impulsive
☐ Stubborn
☐ Inappropriate behavior
☐ Self-abusive behavior

School History:

If your child is currently in school, please answer the following:

Teacher's name: ______________________________

Has your child repeated a grade: ______________________________

What are your child's strengths and/or best subjects: ______________________________

Is your child having any difficulties with any subjects: ______________________________

Is your child receiving help in any subjects: ______________________________

Does your child have an IEP (individualized education plan): ☐ Yes ☐ No

If so, what services (Speech, OT, PT, etc.) does your child receive: ______________________________

Additional Comments: