

**SPEECH-LANGUAGE PATHOLOGY  
PEDIATRIC HISTORY**

Name of child \_\_\_\_\_

Age \_\_\_\_\_

Who referred this child to this department? \_\_\_\_\_

Your name (person accompanying child) \_\_\_\_\_

Your relationship to child \_\_\_\_\_

CHILDREN IN HOUSEHOLD/RELATIONSHIP TO CHILD

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

SPEECH HISTORY

Indicate the age at which the child did the following:

1. Babbling started \_\_\_\_\_
2. Imitated sounds \_\_\_\_\_
3. Said first words \_\_\_\_\_
4. Expressive vocabulary of approximately 50 words \_\_\_\_\_
5. Talked in sentences \_\_\_\_\_
6. Did not seem to hear \_\_\_\_\_
7. Stuttered \_\_\_\_\_
8. Speech did not improve \_\_\_\_\_

When was the speech problem first noticed? \_\_\_\_\_

Whom have you consulted previously about your child's speech? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_

FAMILY HISTORY

Ages and names of adults who live in child's home, and show relationship to the child

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Father's employer \_\_\_\_\_

Mother's employer \_\_\_\_\_

If mother employed, who cares for child? \_\_\_\_\_

Education level of father \_\_\_\_\_

Education level of mother \_\_\_\_\_

Do any other family members have a speech problem? \_\_\_\_\_

What languages are spoken in the household? \_\_\_\_\_

**Name of child** \_\_\_\_\_

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**BIRTH HISTORY**

Mother's age at child's birth \_\_\_\_\_ Father's age at the birth \_\_\_\_\_

What illnesses, injuries, or unusual events occurred during this pregnancy?  
\_\_\_\_\_

Was baby full term? \_\_\_\_\_ Premature? \_\_\_\_\_

Nature of delivery (forceps, breech, caesarian, normal) \_\_\_\_\_

**DEVELOPMENT**

Child's weight at birth \_\_\_\_\_

At what age did child crawl \_\_\_\_\_ walk alone \_\_\_\_\_

Sit alone \_\_\_\_\_ Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

**MEDICAL HISTORY**

What operations has child had and at what age? \_\_\_\_\_  
\_\_\_\_\_

What injuries has child had and at what age? \_\_\_\_\_

Is child taking any medications? \_\_\_\_\_

Has child had a hearing test and what were the results? \_\_\_\_\_

Does child have tubes in his/her ears and at what age? \_\_\_\_\_

Other medical problems (i.e. seizures, asthma, etc) \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL HISTORY**

School child attends \_\_\_\_\_  
\_\_\_\_\_

What grade is child in? \_\_\_\_\_

What grade has child repeated or skipped? \_\_\_\_\_

Has child received speech therapy in school? \_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_  
\_\_\_\_\_