

Pediatric Case History Questionnaire (Speech)

Patient's name

Date of birth

Parent(s) names

Physician

Birth History

Were there any complications with pregnancy? With delivery? If so, please explain.

Were there any complications after birth?

Medical History

Current medications

Does your child suffer from allergies? If yes, please list.

Has your child ever been hospitalized? Undergone surgery? If yes, please explain.

Has your child ever used any type of equipment (i.e. splints, orthotic devices, etc)?

Has your child had a formal hearing screen? If yes, is hearing within normal limits?

Has your child's vision been formally tested? If yes, is vision within normal limits?

Does your child wear glasses or contacts?

Has your child been diagnosed with any illnesses/disorders? If yes, please explain.

Has your child ever received therapy services (Occupational, Physical or Speech therapy)? If yes, when and how long did your child receive these services?

Developmental History

Was your child late to achieve motor milestones (I.E. sitting up, crawling, walking, etc)? If yes, please explain.

Was your child late to achieve language milestones? If yes, please explain.

Were there any feeding difficulties during infancy? At present time? If yes, please explain.

Does your child experience difficulty with fine motor skills (I.E. using hands to play with toys, grasp objects, coloring/writing, etc.)? If yes, please explain.

Self-help skills

Does your child require assistance for getting dressed? If yes, please explain.

Is your child able to zip/unzip and button/unbutton?

Is your child able to tie/untie his/her shoes?

Is your child able to feed himself/herself during mealtime? Finger feeding?
Utensils? Drinking out of an open cup?

Is your child toilet trained?

Social/Interaction Skills

Does your child get along well with peers? Adults?

Does your child enjoy playing with other children, or do they prefer to play alone?

Does your child demonstrate any negative behaviors (ie: hitting, kicking,bitting)
when playing with others?

Thank you for your completion of this questionnaire. This information is
important in getting to know and understand your child.