Health PEI

Speech-Language Pathology Case History

"All About Your Child"

Basic Information

Name: _____
Age: _____ Birth Date: _____

Does your child attend: ☐daycare/preschool
☐in-home daycare
☐neither (cared for at home)

If daycare/preschool, which: _____
Days per week: _____

Language(s) used in the home(s):
☐ English ☐ French ☐ Other: _____

Describe any concerns you have about your child:

Parent/ Guardian Name: _____
Address: _____
_____
Phone (preferred): _____ (other): _____
Email: _____

Parent/Guardian Name: _____
Address: _____
_____
Phone (preferred): _____ (other): _____
Email: _____

Alternate contact name: _____
Phone: _____

_____
_____
_____

Family Background

Who is currently living in your home? Name	Relationship (to your child)	Age (children only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a family history of:
☐ speech/language/hearing difficulties
☐ difficulties in school

Please describe:
_____
_____

Pregnancy and Birth History

Length of pregnancy: _____ weeks

Child's birth weight: _____ lbs _____ oz

During the pregnancy or birth, were there any complications or concerns: ☐yes ☐no
If yes, please specify: _____
_____

_____
_____

Developmental History

At what age did your child:

babble: _____ ☐*not yet*
say first words: _____ ☐*not yet*
combine two or more words: _____ ☐*not yet*
sit alone: _____ ☐*not yet*
walk alone: _____ ☐*not yet*
become toilet trained: _____ ☐*not yet*

Medical History

Has your child had any of the following? Please check all that apply:

☐frequent ear infections
☐middle ear tubes
☐hearing problem
☐frequent colds
☐high fevers
☐asthma
☐sleeping difficulty
☐thumb/finger sucking habits
☐snoring
☐mouth breathing
☐tonsils removed
☐adenoids removed
☐head injury
☐vision problem
☐serious illness (specify): _____
☐serious accident (specify): _____
☐allergies/anaphylaxis (specify): _____
☐surgery (specify): _____
☐other: _____

Does your child take any medications? ☐yes ☐no
Please list: _____

Please check any of the following that your child has seen and write their name(s):

☐Family doctor: _____
☐Speech-language pathologist: _____
☐Audiologist (or had a hearing test): _____
☐Ear, nose, and throat doctor: _____
☐Pediatrician: _____
☐Other specialist(s): _____
☐Psychologist: _____
☐Occupational therapist: _____
☐Physiotherapist: _____
☐Best Start: _____
☐Triple P: _____
☐Other services: _____

Nursing and Feeding History

If no concerns, proceed to next section.

Please check any or all that apply:

My child:
☐is breast-fed ☐is bottle-fed ☐eats purees ☐eats solids

When eating, my child:
☐needs help to feed ☐self-feeds ☐uses fingers ☐uses utensils

When drinking, my child:
☐takes a bottle ☐uses sippy cup ☐uses regular cup

Please check any of the following that apply to your child and describe:

☐nursing/feeding difficulties: _____
☐picky or unusual eating habits: _____

Social and Emotional Development

Does your child have opportunities to play with other children? ☐often ☐rarely
Please describe: _____

Does your child enjoy playing with others? ☐often ☐rarely

Does your child show interest in others and what they say? ☐often ☐rarely

Please list your child's favorite activities/toys:

_____
_____
_____
_____
_____

Please check any that apply to your child:

☐co-operative
☐attentive
☐friendly/outgoing
☐shy/quiet
☐prefers to play alone
☐poor eye contact
☐easily frustrated
☐impulsive
☐temper tantrums
☐aggressive at times
☐behaviour difficult to manage
☐unusual interests

Speech and Language Development

How does your child communicate most of the time? Check all that apply:

☐crying
☐gestures (e.g., pointing, pulling parents)
☐sounds (e.g., babbling, grunting)
☐single words (e.g., "mine", "shoe")
☐2-3 word combinations (e.g., "want cookie", "mommy car")
☐sentences (e.g., "I want my kitty", "Where is my ball?")

If your child communicates mostly without using words, please answer the following questions:

↓

Has your child stopped using sounds/words they used before?
☐yes ☐no

Do you understand what your child is trying to tell you?
☐mostly ☐sometimes ☐rarely

Do others understand what your child is trying to tell them?
☐mostly ☐sometimes ☐rarely

Does your child understand words people say?
(e.g., looking at a person when their name is spoken)
☐mostly ☐sometimes ☐rarely

Does your child answer basic questions?
(e.g., by looking at or pointing to the answer)
☐mostly ☐sometimes ☐rarely

Does your child follow simple directions?
☐mostly ☐sometimes ☐rarely

If your child communicates mostly in words, phrases, or sentences, please answer the following questions:

↓

Has your child stopped using words they used before?
☐yes ☐no

Do you understand what your child says?
☐mostly ☐sometimes ☐rarely

Do others understand what your child says?
☐mostly ☐sometimes ☐rarely

Does your child understand you when you talk to them?
(e.g., finding a toy when you tell them where it is)
☐mostly ☐sometimes ☐rarely

Does your child answer basic questions?
(e.g., wh- questions, yes/no questions)
☐mostly ☐sometimes ☐rarely

Does your child follow simple directions?
☐mostly ☐sometimes ☐rarely

Can you give examples of some gestures, sounds, words, and/or sentences your child uses:

_____
_____
_____

Any other information you think would be helpful in supporting you and your child:

_____
_____
_____

What are your goals for your child?

_____
_____
_____

Form completed by: _____ Date: _____

Please return your completed case history form to:

Health PEI Speech and Language Services
PO Box 2000
161 St. Peter's Road
Charlottetown, PE,
C1A 7N8

☏: (902) 368-4437
🖷: (902) 620-3195
@: speechandhearing@ihis.org

Thank you. We look forward to meeting you and your child soon.