Upstate Pediatric Speech Therapy Services, Inc.
310 New Neely Ferry Rd. Mauldin, SC 29662
Office 864-438-0990 Fax 864-478-8383
www.pedspeechtherapy.com

CASE HISTORY

Patient:___________________________ DOB:________________Age:___________ Sex:____________
Address/City/Zip Code____
Email: (Mom, Dad, or both)____
Home Phone__________________________ Cell Phone/Mom________________________________
Work Phone __________________________ Cell Phone/Dad_______________________________
Father's Name:______________________________ Mother's Name_____________________________
Referred by:_________________________________ School Child Attends____________________
Person Completing Questionnaire_______________ Other Children in Family?________________

PRENATAL AND BIRTH HISTORY

Were there any complications prior to delivery? If yes, describe__________________________________
Length of Pregnancy; Birth Weight_________________________
Were there any problems with the delivery? If yes, describe_____________________________________
Were there any problems immediately following birth? If yes, describe____________________________

DEVELOPMENTAL HISTORY

Were there any issues related to gross motor or fine motor development? If yes, describe___________
____.
Were there any issues related to speech and/or language development early in development? If yes, describe____.
Has your child been diagnosed with hearing difficulty or auditory dysfunction. If yes, please describe____.
Please describe your main concern regarding your child's development.____________________________
____.

HEALTH HISTORY

Please list any occurrences of illnesses that your child has had that would be considered moderate-severe. Please list any accidents/hospitalizations/surgeries and the age of your child.________________
____.

SCHOOL HISTORY

Please describe any difficulties with school that your child is having. ______________________________
____.

OTHER EXAMINATIONS

Please indicate below any other examinations or therapy that your child has had. ____________________
____

ADDITIONAL INFORMATION: Please list any other pertinent information that will help us understand your child.____
____
____.

__________________________ ____
Date Signature of Parent/Legal Guardian