



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: _____

Parent #1 Name: _____ Parent #2 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.

Signature of Parent/Legal Guardian

Date