Nancy Sims, M.A., CCC-SLP
Certified Speech-Language Pathologist

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CLIENT HISTORY - CHILD

Name: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Person Completing This Form: _____

Relationship to Client: _____

Mother's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Occupation: _____

Employer: _____

Education Completed: _____

Father's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Occupation: _____

Employer: _____

Education Completed: _____

List all children in the family from oldest to youngest

Name	Age	Sex	Grade in School	General Health

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Does anyone else in the family have speech, language, or hearing problems? ☐ Yes ☐ No

If yes, please describe: _____

Who referred you for the evaluation? _____

Child's pediatrician or family doctor _____

Address _____

Other doctor(s) treating the child _____

Has your child had any previous testing or therapy for speech, language, or hearing problems?
☐ Yes ☐ No

If yes, name of agency and date tested _____
(Please request that copies of all test results be sent to my office)

Why are you bringing your child to see me today?

_____

_____

BIRTH HISTORY

Weight of child at birth _____ Was the child full term? ☐ Yes ☐ No

Were there any unusual factors relating to the pregnancy (such as toxemia, X-ray treatments, RH negative, German measles, other illnesses, drugs or medications, previous miscarriages)?

☐ Yes ☐ No

If yes, please describe:

_____

_____

Type of birth:

☐ Normal ☐ Induced ☐ Forceps ☐ Caesarean ☐ Premature; How many weeks _____?

Were there any physical deformities or malformations observed at birth (such as "blueness," jaundice, abnormal shape of head)? ☐ Yes ☐ No

If yes, please describe: _____

DEVELOPMENTAL HISTORY

In early childhood, did the child have any feeding problems (such as poor control of sucking, food allergies, digestive upsets)? ☐ Yes ☐ No

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If yes, please describe: _____

Give ages (approximate if unknown) of development for the following behaviors:

Sitting unsupported	_____	Walking	_____
Eating solid foods	_____	Self-feeding	_____
Crawling	_____	Self-dressing	_____
Standing alone	_____	Bladder/bowel control	_____

Do you feel that your child was late or had difficulty in the development of these behaviors?
☐ Yes ☐ No

MEDICAL HISTORY

Date and type of last medical examination _____

List ages for any of the following childhood diseases:

Whooping cough	_____	Pneumonia	_____
Mumps	_____	Chicken Pox	_____
Measles	_____	Tonsillitis	_____
Rheumatic fever	_____	Other:	_____

Were there any complications with any of the above, such as high/persistent fevers, convulsions, or persistent muscle weakness? ☐ Yes ☐ No

If yes, please explain: _____

Is your child subject to frequent colds, sore throats? ☐ Yes ☐ No

Has the child had allergies, hay fever, etc.? ☐ Yes ☐ No

If yes, please describe: _____

Does your child tend to breathe with mouth open? ☐ Yes ☐ No

Has the child had any operations? ☐ Yes ☐ No

If yes, please describe: _____

Has your child had tonsils and adenoids removed? ☐ Yes ☐ No

If yes, when?

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Has your child had any ear trouble (such as earaches, infection, running ears, evidence of hearing loss)? ☐ Yes ☐ No

If yes, please describe: _____

Has hearing been tested? ☐ Yes ☐ No If yes, when? _____

Results: _____

Has your child ever had ear (PE) tubes inserted? ☐ Yes ☐ No

If yes, when? _____

If yes, does your child still have ear (PE) tubes? ☐ Yes ☐ No

Has your child ever worn eyeglasses or had any difficulty with eyes? ☐ Yes ☐ No

If yes, please describe: _____

Does your child have any dental problems? ☐ Yes ☐ No

If yes, please describe: _____

Has your child seen a specialist for any reason? ☐ Yes ☐ N

If yes, please explain: _____

EDUCATION HISTORY

Current School _____

Address _____

City _____ State _____ Zip _____

Grade _____ Teacher _____

Did your child attend nursery school? ☐ Yes ☐ No

If yes, when? From age _____ To age _____

At what age did your child attend kindergarten? _____

Does your child like school? ☐ Yes ☐ No

If no, please describe: _____

_____

Does your child like the teacher? ☐ Yes ☐ No

Describe performance in school (please note strong and weak areas)

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Does your child attend any special classes (such as speech therapy, language development, reading, resource room, special education classroom)? ☐ Yes ☐ No

If yes, please describe: _____

DAILY BEHAVIOR

Where does the child usually play? _____

Are there children close to the child's age in the neighborhood? ☐ Yes ☐ No

Does your child prefer to play alone? ☐ Yes ☐ No

Does your child prefer to play with older or younger children? _____

Does your child have a close friend? ☐ Yes ☐ No

What are your most frequent discipline problems with this child?

Who does the disciplining? _____

How do you discipline?

What does your child do well?

What does your child have trouble doing?

Does your child have difficulty concentrating? _____

COMMUNICATION HISTORY
RECEPTIVE LANGUAGE PROFILE

Does your child listen to others with understanding? ☐ Yes ☐ No

Listen attentively to stories? ☐ Yes ☐ No

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Recognize environmental sounds? ☐ Yes ☐ No

Listen to music? ☐ Yes ☐ No

Understand and follow simple one ☐, two ☐ and three-step directions ☐ ?

ORAL LANGUAGE PROFILE

Is your child's speech understandable to you? ☐ to other family members? ☐ to friends? ☐ to strangers? ☐

How does your child compare with siblings in speech development?

_____

Does your child prefer to use speech ☐ or gestures ☐ when communicating?

Does your child use words in meaningful ways for his/her age? ☐ Yes ☐ No

At what age did your child babble? _____ Use language to express actions? _____

Put two words together in a sentence? _____ Put three words together in a sentence? _____

Does your child use language to communicate information ☐ , experiences ☐ , ideas ☐ , stories ☐ , emotions ☐ , opinions ☐ , wants ☐ , needs ☐ , thoughts ☐ , questions ☐ and for conversation? ☐ *Check all that apply to describe how your child uses language.*

Give some examples of sentences your child uses by himself/herself (not sentences that are repeated after you). *Write examples without correcting grammar, word choice or order.*

1. _____

2. _____

3. _____

PHONOLOGICAL AND PHONEMIC AWARENESS

Does your child distinguish words in a sentence? ☐ Yes ☐ No

Recognize rhyming words? ☐ Yes ☐ No

Distinguish syllables (units of sound) by clapping, stomping or finger tapping? ☐ Yes ☐ No

Begin to notice beginning phonemes (sounds)? ☐ Yes ☐ No Ending sounds? ☐ Yes ☐ No

AWARENESS OF PRINT

Does your child recognize local environmental print? ☐ Yes ☐ No

Understand that print conveys meaning? ☐ Yes ☐ No

Hold a book correctly and begins to understand directionality? ☐ Yes ☐ No

Recognize first name in print? ☐ Yes ☐ No

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Begin to/recognize letters? ☐ Yes ☐ No

Attempt writing (scribbling/drawing)? ☐ Yes ☐ No

RESPONSE TO A STORY OR A PICTURE

Does your child show an interest in books and reading? ☐ Yes ☐ No

Does your child join in reading of familiar/predictable /pattern books? ☐ Yes ☐ No

Does your child demonstrate understanding of the literal meaning of a story through questions and comments? ☐ Yes ☐ No

Is your child beginning to predict an outcome? ☐ Yes ☐ No

Is your child developing, or has he/she developed, an awareness of cause and effect? ☐ Yes ☐ No

Is your child beginning to differentiate reality from fantasy? ☐ Yes ☐ No

Does your child connect information from a story to life experiences? ☐ Yes ☐ No

Do you have any further questions/comments?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
Patient or Parent/Guardian Signature

_____
Relationship to Patient

_____
Date