



T R I P L E L

Listening, Language and Literacy

Paediatric Speech Pathology and Audiology

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Case History Form

Name and Surname of Child:

Date of Birth:

Describe the reason for the referral and any specific concerns that have been raised?

When was the problem first highlighted and by whom? What do you think may have caused the problem?

Has your child previously attended speech pathology intervention? If so, with whom? What did therapy aim to develop? For how long did intervention take place? What were the reasons for termination?

Has your child seen any other relevant specialists? If so, with whom? When was the consultation? What was the diagnosis and what were the specific recommendations made?

Is there a family history of speech and/or language/ hearing/ learning (for example, Dyslexia) difficulties?



What are the languages spoken at home? What is the primary language spoken?

Describe your family unit and with whom does your child spend most of his/her time after-school hours?

Prenatal and Birth History

Were there any complications and/or specialised medical treatments required during your pregnancy? If so, please explain.

Length of pregnancy (if it was not full term, what was the reason for the prematurity?)

Normal birth/caesarean section, reasons for this? If other, please describe.

Birth Weight _____ Apgar Score _____

Did your baby stay in intensive care? If so, for how long? _____

Did your baby stay in an incubator? If so, for how long? _____

Did your baby receive oxygen? If so, for how long? _____

Did your baby suffer from neonatal jaundice? If so, for how long, and what specific treatment was required e.g. phototherapy or blood transfusion? _____

Did your baby suffer from any other neonatal conditions? If so please explain. _____

Were there any feeding complications that prevented your child from feeding orally? Please explain. _____

When did your child start breast/bottle/combo breast and bottle-feeding successfully?

Postnatal Medical History

Provide the approximate ages at which your child suffered from the following illnesses and conditions:



Asthma _____	Measles _____
Croup _____	Pneumonia _____
Ear infections _____	Tinnitus _____
Headaches _____	Colds _____
Mumps _____	Drainage of ear/s _____
Sinusitis _____	German Measles _____
Chicken Pox _____	Influenza _____
Dizziness _____	Meningitis _____
Encephalitis _____	Seizures _____
High fever _____	Tonsillitis _____

Other Illnesses/Conditions: _____

Has your child had any major accidents or surgeries?

Is your child taking any medications? If yes, please stipulate name, dosage, as well as by whom it was prescribed?

Have there been any negative reactions to the medications? If so, please describe.

Describe your child's responses to soft sounds. _____
 Describe your child's responses to loud sounds. _____

Does your child have a history of long-term middle ear infections? If so, what form of treatment was administered? _____

Does your child suffer from any frustrating tinnitus e.g. rushing, roaring in the ears that bothers them/causes them anxiety? _____

Does your child suffer from any dizziness? If so, how long does the dizziness last e.g. a few seconds, longer than a minute? Is it associated with any specific movements, popping of the ears etc? Does it cause vomiting? _____

Does your child ever complain of a feeling of fullness in the ear or blocked ear? If so, when does this occur? Is it related to sickness? _____

Developmental History

Please state if there were any milestone developmental delays e.g. walking, use of toilet etc.



Feeding

Are there or have there ever been any feeding problems e.g. problems with sucking, swallowing, drooling, chewing, extreme sensitivity to various textures of food? If so, please describe.

Hearing and Vision

Has your child's hearing been previously assessed? If so, when was this, by whom were they assessed and what were the results?

Has your child's vision been previously assessed? If so, when was this, by whom were they assessed and what were the results?

Social and Emotional Behaviour

Describe your child's behaviour during social interaction (eye contact, turn-taking, friendships, sticking to a topic of conversation, attention and listening skills)

Describe your child's play behaviour e.g. Do they prefer to play on their own and/or with others? How do they respond to a group setting? What does your child prefer to play with?

Did your child at any stage or presently prefer to use gestures rather than communicating verbally? _____

Does your child ever become fixated on objects which prevents them from interacting with people in their environment? _____

Speech, Language and Listening

How does your child respond when you give him/her instructions? i.e. does he/she take a long time to respond, require repetitions or clarifications? _____

How would you describe your child's problem-solving and thinking skills? _____

When did your child say his/her first word? _____



Do you feel that your child's speech (pronunciation of sounds) and language (understanding and expressive use) is normal for his/her age? If no, please describe. _____

Did your child's speech and/or language development seem to stop for a time? If yes, why do you think it may have stopped? _____

_____ Q _____

Do you consider your child to be talkative, quiet or shy? _____

Does your child struggle to express his/her needs and thoughts e.g. relaying wants, personal experiences, telling stories etc. _____

Are there any word or sound repetitions in your child's speech i.e. stuttering? If so, please describe. _____

Do you feel your child suffers from any unnecessary anxiety? Please describe. _____

Does your child part easily from you? _____

Does your child tend to daydream or appear as more active or busy than other children of their age? If so, do you think that this adversely impacts on your child's concentration and performance on a task at hand or within the classroom? _____

How does your child react to discipline? _____

Scholastic History

List the names of the schools that your child has attended. _____

Has your child ever repeated a grade, been recommended to repeat a grade or received a condoned pass? If yes, which grade and what were the reasons for this. _____

Describe any scholastic difficulties. _____



Kindly include your child's latest school report, as well as any other relevant assessment reports and forward them via email.

Date: _____ **Signature:** _____

