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CASE HISTORY

Please print - fill in all blanks

Patient's name _____

Gender _____ Date of birth _____ SSN# _____
first middle last

Patient's address _____

Phone#1 _____ #2 _____ email _____
city state zip

Preferred language _____ Referring physician/pediatrician _____

Mother's name _____ Occupation _____
phone#

Father's name _____ Occupation _____

Does the child live with both parents? _____ If no, with whom does the child live with? _____

Siblings (names & ages) _____

Specialists who have seen this child _____

Are there any known diagnoses? (Down syndrome, Autism, Cerebral Palsy, ADD, ADHD, etc?) _____

What language(s) does the child speak? _____

If the child is bilingual, which language is used and understood by the child? _____

What language(s) do the parents speak? _____

What language(s) do the parents speak to the child? _____

How does the child usually communicate? (check all that apply)

gestures sign language single words phrases sentences

Is the child's speech difficult to understand? Yes No

Describe the child's speech, language, fluency, voice, or hearing problem. _____

When was the problem first noticed and what who first noticed the problem? _____

What have you done to help your child with the problem? _____

Is there a family history of speech, language, fluency, voice, or hearing problems? If yes, who had the problem?

PRENATAL AND BIRTH HISTORY

Describe the mother's general health during pregnancy (illness, accidents, prescription, nonprescription medications taken, etc.)

Is the child adopted Yes No

Is the child in foster care Yes No

_____ Length of pregnancy _____ Length of labor

_____ child's general condition at birth _____ Birth weight

Type of delivery: head first breech cesarean

Describe any unusual conditions associated with the pregnancy or birth_____

DEVELOPMENTAL HISTORY

Please list the ages your child achieved these milestones:

_____ babbled _____ sat alone

_____ said first word _____ crawled

_____ put 2 words together _____ fed self

_____ spoke in short sentences _____ toilet trained

CURRENT SPEECH, LANGUAGE, & HEARING

Does your child...

Understand what you are saying?

Retrieve / point to common objects upon request?

Follow simple directions?

Respond correctly to yes / no questions?

Respond correctly to who / what / where / when / why questions?

Have difficulty producing speech sounds?

Frequently stutter when trying to speak?

Communicate with words more often than gestures or crying?

Speak in 2-4 word sentences?

Make eye contact with you / other people?

Become easily distracted?

Check all behavioral characteristics that describe your child:

cooperative

restless

attentive

poor eye contact

willing to try new activities

easily distracted

plays alone for a reasonable amount of time

destructive / aggressive

separation difficulties

withdrawn

easily frustrated

inappropriate behavior

impulsive

stubborn

MEDICAL HISTORY

Child's general health is: Good Fair Poor

Please describe any major accidents, surgeries, or hospitalizations the child has had _____

List the child's current medications and dosages _____

EDUCATIONAL HISTORY

School or Preschool _____ Grade _____

How is your child doing in school? _____

Does your child have an IEP or an IFSP? _____

Does your child attend Daycare or a Mother's Day Out program?

Daycare: Yes No

MDO Yes No

Please add any additional information you feel might be helpful in the evaluation or treatment of your child.

Person completing the form _____

Relationship to child _____ Date _____

Please attach any report(s) you have from other agencies, schools, or physicians.