



PEDIATRIC CASE HISTORY

Child Name: _____ **Date of Birth:** _____ **Age:** _____
Parent/Caregiver Name: _____
Referred By: _____

Primary Reason for Today's Visit: _____

HEARING

Do you have concerns regarding your child's hearing? Yes / No

Did your child pass his/her newborn hearing screening? Yes / No
If no, please explain and include name of birth hospital: _____

Does your child have a history of ear infections? Yes / No
If yes, how many in one year? _____

LANGUAGE DEVELOPMENT

Please describe your child's language abilities:

Receptive Language (e.g., *understands what is being said; follows directions*): _____

Expressive Language (e.g., *communicates needs through speech, uses 2-3 words to form a sentence*): _____

Articulation (e.g., *clarity of speech sounds*): _____

Number of words in child's vocabulary: _____

BIRTH HISTORY

Please describe any relevant history for the following:

Prenatal (during pregnancy): _____

Perinatal (during birth): _____

Postnatal (following delivery): _____

DEVELOPMENTAL MILESTONES

At what age did your child: Crawl? _____ Walk? _____

Can your child wave "bye-bye?" Yes / No

OTHER

How many siblings does your child have? _____

Where is your child in birth order? _____

Does your child attend school/preschool? Yes / No

If yes, name of school: _____

Any other relevant health issues or information you feel is important: _____

