Elena A. Caffentzis, M.S., CCC-SLP, BRS-FD
Speech-Language Pathologist
111 North Central Ave. Suite 300 • Hartsdale, NY 10530
(914) 907-7231 • elena@speechjourney.com

PEDIATRIC CASE HISTORY FORM

Please complete and return this form at our first meeting along with copies of any previous evaluations.

Today's date: _____

Child's Name: _____

Child's Date of Birth: _____

Person Completing Form: _____

Relationship to Child: _____

Mailing Address: _____

_____

E-mail address: _____

Home phone: _____ Cell phone: _____

In case of emergency contact: _____ Emergency contact telephone: _____

Referred By: _____

Child's school: _____

Child's Grade: _____

Teacher's Name: _____

Pediatrician name: _____

Pediatrician address: _____

_____

Pediatrician phone: _____

Consent to contact pediatrician regarding treatment: Yes / No

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SPEECH AND LANGUAGE HISTORY:

Please describe your child's current speech and language skills and any concerns you have:

What was the approximate age that your child began having difficulty with fluency?

Who first noticed or mentioned stuttering?

Were there any precipitating factors that you suspect may have been associated with the onset of disfluency (i.e. birth of a sibling, illness, geographic move, divorce)?

Is there any family history of disfluency?

Has your child been evaluated for speech by another professional? If yes, what recommendations were you given?

How did you and other family members react to the onset of the disfluencies?

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Please describe the initial disfluency patterns (check all that apply):

	repetitions of the first letter (b-b-boy)		silent blocks before speaking (-----boy)
	repetitions of the whole word (boy-boy-boy)		fillers (um, well, uh)
	repetitions of part of the word (ca-ca-cat)		changing words or starting over
	prolongations of sounds (mmmmmom)		other

Please describe any initial physical behaviors observed during speech (check all that apply):

	eye blinking		squeezing eyes shut
	head nodding		looking away
	hand or foot movement		tension
	difficulty breathing		other

At the time that your child began having difficulty, what was his/her reaction (i.e. awareness, frustration, shame, indifference, avoidance)?

Please describe your child's current disfluency patterns (check all that apply):

	repetitions of the first letter (b-b-boy)		silent blocks before speaking (-----boy)
	repetitions of the whole word (boy-boy-boy)		fillers (um, well, uh)
	repetitions of part of the word (ca-ca-cat)		changing words or starting over
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What is your child's current reaction to disfluencies (i.e. awareness, frustration, shame, indifference, avoidance)?

Were there any periods (days, weeks, months) when stuttering either increased or decreased?

List any situations (i.e. people, places, times) when your child's disfluencies increase or decrease.

How do you and your family now respond to your child's disfluent speech?

Do you feel that your child is aware and/or concerned about his/her speech? What caused you to have this belief?

How concerned are you about your child's disfluent speech? How concerned is your child?

Would you describe your child's speech difficulty as mild, moderate or severe?

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What do you hope to gain from this evaluation?

Are there any other speech and language concerns?

At what age did your child: (e.g. 6 months, 10 months, etc.)

	babble
	jargon
	say first words
	2-3 word combinations
	form sentences

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MEDICAL, DEVELOPMENTAL, AND FAMILY HISTORY

Please describe pregnancy and birth history (i.e. complications, type of delivery, prematurity, etc.).

Please describe any developmental problems experienced during infancy or early childhood (i.e. late in walking, feeding issues, delayed language).

List all illnesses, injuries, operations:

Date	Treatment	Complications	Physician

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Please note any current physical disabilities:

Has your child been tested for vision? What were the results?

Has your child been tested for hearing? What were the results?

Has your child had a history of ear infections? If yes, give number of times per year and ages.

What hand does your child use most often?
_____right _____left _____both

Does your child take any medications?

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EDUCATIONAL AND SOCIAL HISTORY

Present school placement:

How old was your child when he/she started school?

Does your child spend time in a regular classroom?

Has your child ever had a 766 CORE evaluation?

FAMILY HISTORY

	Name	Age	Highest grade completed	Occupation	Handedness
Parent					
Parent					

Children

Name	Age	Grade	Handedness