PEDIATRIC DIAGNOSTIC CASE HISTORY QUESTIONNAIRE

PLEASE COMPLETE THE FOLLOWING FOR YOUR CHILD'S EVALUATION:

Patient's Full Name: _____

Date of Evaluation: _____

Date of Birth: _____ AGE: _____

Person completing this form: _____

Relationship to Child: _____

Referred By: _____

In your own words, please describe the nature of your child's problems:

_____

_____

_____

I. PREGNANCY:

Length of Pregnancy: _____

Birth Weight: _____

Type of Birth: _____

Complications (Were there any unusual factors relating to the pregnancy – illness, German measles, false labor, trauma, hemorrhaging, excessive vomiting, RH incompatibility, toxemia, x-rays, chicken pox, diabetes):

Prenatal (during pregnancy): _____
_____

Perinatal (during delivery): _____
_____

Postnatal (following delivery): (seizure? jaundice?)
_____
_____

Did you consume alcohol, medication, or recreational drugs during your pregnancy?
_____

II. MEDICAL HISTORY:

Please List Childhood illnesses: _____
_____

Was your child ever hospitalized? If yes, please explain: _____
_____
_____

Ear infections: _____
If yes, how often: _____
Did your child receive medical intervention for the ear infections? Please explain:

_____
_____

Name of ENT (if applicable): _____
Has your child ever received a hearing evaluation: _____
If yes, when & where: _____
Name of audiologist: _____
Results: _____

Medications: _____
Allergies: _____
Early Feeding/Swallowing/Dietary Problems: _____
_____
_____

III. DEVELOPMENTAL MILESTONES:
Please indicate when your child achieved the following milestones:

Motoric Milestones= Sitting (6-8 months) _____
Standing (7-10 months) _____
Walking (12-15 months) _____

Speech Milestones= Did or Does your child your child (If yes, please indicate when the following milestones were achieved):

Babble and Coo (5-6 months): _____
First Word (12-15 months): _____ Example: _____
Combines Words (18-20 months): _____Example: _____
_____

Gesture meaningfully (i.e. pointing): _____
_____

Attempt to imitate speech: _____
_____

Do any of these terms apply to your child?

Often fearful_____ Very Active_____
Sensitive to criticism_____ Easily excitable_____
Exceptionally quiet_____ Destructive_____
Short Attention Span _____ Easily Distracted_____

Have any of these behaviors occurred during any time in your child's development?

Rocking in crib or while sitting or standing _____
Prolonged staring at lights, objects, or people _____
Pulling or rubbing ears _____
Head banging _____ Withdrawal from others _____
Clinging to primary caretaker_____
Excessive daydreaming_____
Temper Tantrums_____ Frequent Fighting_____
Teeth Grinding_____ Repetitive Behaviors_____

IV. SOCIAL HISTORY:

Is the child: sensitive to being touched? _____
behaviorally consistent from day to day? _____
playful with children, adults, and pets? _____
overly concerned when separated from parents? _____

Does the child have any other children his or her own age to play with?
_____

Does the child prefer to play alone? _____
Do you feel the child plays well with other children? _____
_____

What are your child's favorite activities? _____

_____

V. EDUCATIONAL HISTORY:
School Placement=
Name of School: _____
Type: _____
Frequency of Attendance: _____
Approximate # of children in class: _____
Language spoken in the classroom: _____
Academic performance: _____

Previous and/or on-going speech therapy:
_____yes ** _____no

** If “yes”…

Where does he/she receive speech therapy: _____
_____
How many times per week does he/she attend:_____
At what age did he/she first begin speech therapy:_____
Name of speech therapist:_____

VI: FAMILY HISTORY:
Mother’s Name: _____
Residence: _____
Father’s Name: _____
Residence:_____
Siblings Names & Ages: _____
_____
Other people living in the home: _____

Describe any speech, language, or hearing problems that other near or distant relatives have (please indicate the relationship to the child):
_____

Is there any other language (other than English) spoken in the home? _____ If so, what language(s)? _____

What language is primarily spoke to the child? _____
By whom? _____

Signature Date