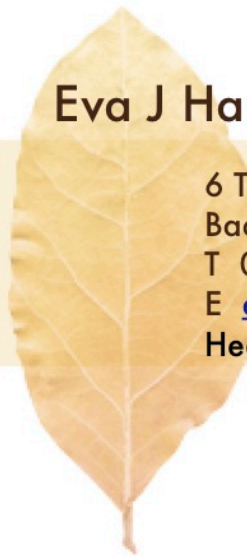


Eva J Harrold

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Speech Pathologist



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CASE HISTORY —PARENT FORM

This form provides the Speech Pathologist with background information about your child. The more detail you provide, the clearer the picture of your child's development and progress to date. Please feel free to consult the speech pathologist if you are unsure about any aspect of this form. Thank you.

| | |
|----------------------|------------------------------|
| Client Name _____ | Address _____ |
| Date of Birth _____ | Age _____ |
| Phone No _____ | Phone _____ |
| Mother _____ | Email _____ |
| Father _____ | Mobile _____ |
| Siblings/ ages _____ | School _____ |
| _____ | Teacher _____ |
| _____ | Person completing form _____ |
| _____ | Date _____ |

MEDICAL HISTORY

Pregnancy was full term premature overdue

Please describe any problems _____

Has or does your child suffer from any of the following (please tick):

- seizures or fits frequent sore throats tonsillitis
- problems with teeth frequent colds ear aches
- hearing problems discharging ears grommets (tubes) in ears
- thumb sucking concussion or a bump to the head
- snoring sleep apnoea

Details (including treatment and dates): _____

Please list and describe any hospitalisations, operations or accidents. How old was the child at the time?

Is your child on any medication? yes

no

Details: _____

DEVELOPMENT

How would you describe your child's general development ? (ie. walking, crawling):

normal delayed early

At what age did your child walk? _____ crawl? _____ sit up? _____

How would you describe your child's speech development?:

normal delayed early

At what age did your child —

Make babbling sounds _____

Use single words _____

Put two words together _____

Make sentences _____

DIET and FEEDING

Did your child experience any difficulties with early feeding?

yes no

Does your child eat a range of textures? yes no

Would you describe your child as a fussy eater? yes no

OTHER PROFESSIONALS INVOLVED

Has your child ever been seen by a:

Speech Pathologist yes no

Psychologist yes no

Audiologist (hearing) yes no

Paediatrician yes no

Ear, Nose and Throat Specialist yes no

If yes, please list Specialist name, dates and results -

SCHOOL

What is your child's attitude to school?

loves school likes school most of the time dislikes school a lot

How would you describe your child's progress at school ?

below average

average

above average

What sort of play does your child enjoy? Does your child play with other children? _____

Is your child experiencing any difficulty at school? Please describe _____

SPEECH AND LANGUAGE SKILLS

Does your child display difficulties in any of the following areas at home?

- Understanding spoken language ?(eg. Instructions, jokes, stories etc) yes no
- Understanding written language ? (eg. Written stories, text etc) yes no
- Producing spoken language ? (eg. Explaining, describing etc) yes no
- Using speech that can be understood ? (eg. Sound errors in speech) yes no
- Literacy development (eg. Reading / writing / spelling) ? yes no
- Stuttering ? yes no
- Voice problems ? (eg. Harshness, croaky, loses voice) yes no
- Social skills ? (eg. Eye contact, sticking to topic of conversation etc) yes no
- Organisational skills (eg. Handing in work in time, using a diary etc) yes no

If yes, for any of the above, please describe _____

SPEECH PATHOLOGY GOALS

What would be your main goal for your child at present?

FAMILY HISTORY

Has any member of the family experienced speech and language or learning problems? (including aunts, grandparents etc) Please describe:

OTHER

Any other relevant information? (eg. family breakdown, illness or stress)
