



Case History Form - Child

Date: _____

Name of person completing this form: _____

Relationship to child: _____

How did you locate our services? _____

Family Dr: _____

Please answer the following information as completely as you can.

Child and Family Information:

Child's name: _____

Date of Birth : _____ (Month/Day/Year)

Sex assigned at birth: male/female/prefer not to answer (circle)

Gender Identity and Pronouns: _____

Diagnosis (if applicable) _____

Parent(s) name(s) and Occupations:

Address: _____

Home/cell: _____

Email: _____

Custody: _____

(please note: both parents must consent for services)

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Name: _____

DOB: _____

Other children in the family:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who else lives in the home?

Speech and Hearing Information:

Is there a language other than English spoken in the home? Yes___ No___

If yes, which language(s)? _____

Does your child understand the language? Yes___ No___

Does your child speak the language? Yes___ No___

Who speaks the language? _____

Which language does your child prefer to speak at home? _____

Has your child ever had a speech/language evaluation? Yes___ No___

If yes, where and when? _____

What were you told? _____

(Please attach or bring any previous reports/documentation)

Has your child ever had speech therapy? Yes___ No___

If yes, where and when? _____

Name: _____

DOB: _____

What were the goals in therapy? _____

Has your child ever received any other evaluations or therapies (physiotherapy; occupational therapy, etc)? Yes__ No__

If yes, please describe: _____

Describe your child's current speech and language difficulties (give examples if possible):

Is your child aware of, or frustrated by his/her communication difficulties? Yes__ No__

When your child is not understood or if he/she is having difficulties in a communication situation, what does he/she do? _____

Behaviour issues (please describe):

Has your child ever had a hearing test? Yes__ No__

If yes, where and when? _____

What were the results? _____

(Please attach or bring any test results)

Name: _____

DOB: _____

Has your child ever had a vision test? Yes___ No___

If yes, where and when? _____

What were the results? _____

Birth and Medical History:

Has your child had a history of ear infections? Yes___ No___

If yes, how many? _____

Has your child had his/her adenoids or tonsils removed? Yes___ No___

If yes, when and where? _____

Has your child had any feeding/swallowing difficulties? Yes___ No___

If yes, please describe:

Was there anything unusual about the pregnancy or birth? Yes___ No___

If yes, please describe:

Please tell the approximate age your child achieved the following developmental milestones:

_____ babbled _____ used single words _____ sat alone
_____ walked _____ toilet trained

Did your child breastfeed? Yes ___ No___

Did your child take a bottle? Yes___ No___

Did your child use a pacifier or suck his/her thumb? Yes___ No___

Approximately, how much screen time does your child have per day? _____

Name: _____

DOB: _____

Please describe any pertinent family history of speech, language and learning difficulties (i.e. mother, father, siblings, and grandparents):

Please list any medications your child takes regularly that may impact on his/her attention, focus in therapy sessions:

Please indicate any other relevant medical information (allergies; hospitalizations; surgeries, etc.)

School/Daycare Information:

If your child is in school or daycare, please complete the following:

Name of school/daycare: _____

Grade (if in school): _____

Teacher's name: _____

Is your child having any difficulties in school/at daycare? Yes___ No___

Name: _____

DOB: _____

If yes, please describe:

Does your child receive extra support in school/at daycare? Yes___ No___

If yes, please describe:

Additional Comments:

What information are you hoping to learn from your child's assessment session and what would be your priority goals for therapy?

Thank you for completing this form. Advantage Speech Pathology Services looks forward to working with you and your child(ren).