

THE GRUNEWALD-BLITZ CLINIC FOR COMMUNICATION DISORDERS IN CHILDREN
University of Arizona, Speech & Hearing Sciences Building
1131 E. 2nd Street Tucson, Arizona 85721
Phone: 520-621-7070 or 520-621-1826

Child Case History Form (Audiology)

Please bring with you to appointment
(To be filled out by parent, relative or guardian)

I. IDENTIFYING INFORMATION:

Today's Date _____

Child's Name _____

Date of Birth _____ Age _____

Home Address _____
(street, city, state, zip code)

Home Phone _____ Cell/Message Phone _____ Work _____

Parent's Name _____ Occupation _____ Age _____

Spouse/Significant Other' Name _____ Occupation _____ Age _____

Brothers and Sisters (names and ages) _____

Child's Primary Language _____

Child's Primary Physician (name, address, phone) _____

Who referred you to this Clinic? _____

What do you want to find out from us? _____

II. GENERAL HISTORY:

What is the child's problem? When did you first notice it? What do you think caused it? _____

Has anyone in your family ever had a speech, language or hearing problem during their childhood? _____

III. HEALTH HISTORY:

Were there any significant problems during the pregnancy or the delivery or following the birth with the child?

Name of Person Answering Questions

Signature of Person Answering Questions

Relationship to Child

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