UA SCIENCE
Speech, Language, & Hearing Sciences

THE GRUNEWALD-BLITZ CLINIC FOR
COMMUNICATION DISORDERS IN CHILDREN
THE UNIVERSITY OF ARIZONA
Department of Speech, Language, and Hearing Sciences
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CHILD CASE HISTORY FORM (Speech-Language Pathology)
Please return completed form to the address above or email to osa@email.arizona.edu.

NAME:_____ TODAY'S DATE:_____

DATE OF BIRTH:_____ AGE:_____ MALE_____ FEMALE_____

ADDRESS:_____

CITY:_____ ZIP CODE:_____

HOME PHONE:_____ MESSAGE/CELL:_____

EMAIL:_____

FATHER'S NAME:_____

OCCUPATION:_____ WORK PHONE:_____

MOTHER'S NAME:_____

OCCUPATION:_____ WORK PHONE:_____

EMERGENCY CONTACT:_____
(Name and Phone)

RESPONSIBLE PARTY:_____

REFERRED BY:_____

Family Constellation:
1 = Two Parent Household (Natural or step)
2 = Single Parent - Mother
3 = Single Parent - Father
4 = Guardian

Number of Brothers _____ Ages_____
Number of Sisters _____ Ages_____

Ethnicity:
1 = Hispanic
2 = Non-minority (Caucasian)
3 = African American
4 = Asian
5 = Native American
6 = Other Minority_____
(Specify)

Language spoken in home (if other than English):_____

DOES CHILD:
Speak this language? Yes ____ No ____
Understand this language? Yes ____ No ____

1. What do you want to find out from us?_____

_____

_____

2. Describe your child's problem or state current diagnosis:_____

_____

_____

3. When did you first notice your child's problem?_____

_____

4. Can you think of any reason or cause for your child's problem?_____

_____

5. Has anyone else in your family had a speech, language, or hearing problem?_____

_____

6. At what age, in months, did your child sit alone?_____ Walk alone?_____

Use first words?_____ Use sentences?_____ Describe unusually slow or fast development:

_____

_____

7. Describe any unusual conditions during pregnancy or immediately after the birth of your child:

_____

_____

8. Describe any serious feeding problems, illnesses, accidents, or surgery your child has had. (Give age at occurrence and relative severity.)

_____

_____

9. When was the last time your child's hearing was tested?_____

   By Whom? (place or name) _____

   Results available? _____ Yes _____ No

   Comments about your child's hearing: _____

_____

10. Does your child take any kind of medication (drugs) on a regular basis? Describe:_____

_____

_____

11. Describe your child's general health at present:_____

_____

_____

12. List any food allergies and restrictions:_____

_____

_____

13. Name and address of you child's Physician:_____

_____

_____

14. Describe your child's use of speech and language including conversational skills (speech sounds, words, and sentences, how the voice sounds, and the rhythm of speech):_____

_____

_____

_____

15. Does your child use an augmentative alternative communication device? Yes_____ No_____
If so, name of system or device (e.g. sign language, communication/picture board, picture exchange communication system, verbal output device)_____

_____

16. Describe your child's strengths:_____

_____

_____

_____

17. Describe your child's needs:_____

_____

_____

_____

18. Describe your child's general behavior and personality (check those that apply):

_____Easy going, generally happy
_____Shy
_____Prone to temper tantrums
_____Good attention to tasks
_____Gets along well with other children
_____Has difficulty with other children
_____Very distractible

19. Will your child work with us independent of you? (Will he/she separate from you during the evaluation?) _____Yes _____No _____Maybe

20. What are some of his/her favorite activities?_____

_____

_____

_____

21. What are your child's dislikes?_____

_____

_____

22. School and Address:_____
    School Placement and Progress:_____
    Any grades repeated?_____
    Any school problems?_____
    Child's attitude toward school:_____

23. Previous evaluations and/or treatment: (When, where, by whom, results)_____

_____

_____

_____

24. Please give any other information you believe will help us understand your child's problem:

_____

_____

_____

_____

_____ _____

Signature of person answering questions Relationship to child