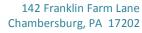


www.physicaltherapyetc.com

# **Patient History – Child**

Age:	Sex: \[ \] N	Iale Female
	Zip:	
		Age:
	Zip:	
		Age:
State:	Zip:	
	State:State:	State: Zip:  State: Zip:





www.physicaltherapyetc.com

## List all children in the family from oldest to youngest

	Name	Age	Sex	Grade in School	General Health
If yes, pl	yone else in the family have speech lease describe: erred you for the evaluation? pediatrician or family doctor				
Other doctor(s) treating the child					
Has the child had any previous testing or therapy for speech, language, or hearing problems?  Yes No					
If yes, name of agency and date tested (Please request that copies of all test results be sent to our office)					
Why are	you bringing your child to see us t	oday?			





www.physicaltherapyetc.com

	BIRTH HISTORY
Weight of child at bir	th Was the child full term?
	al factors relating to the pregnancy (such as toxemia, X-ray treatments, a measles, other illnesses, drugs or medications, previous miscarriages)?
Yes No	
If yes, please describe	e:
Type of birth:	
☐ Normal ☐ Induce	ed Forceps Caesarean Premature; How many weeks?
Were there any physics shape of head)?	cal deformities or malformations observed at birth (such as "blueness," jaundice, abnormal $\Gamma$ is $\Gamma$ No
If yes, please describe	»:
	DEVELOPMENTAL HISTORY
In early childhood, di digestive upsets)?	d the child have any feeding problems (such as poor control of sucking, food allergies, Yes No
If yes, please describe	e:
Give ages of develop	ment for the following behaviors:
Sitting unsupported	Walking
Eating solid foods	Self-feeding
Crawling	Self-dressing
Standing alone	Bladder/bowel control
Do you feel that the c	hild was late or had difficulty in the development of these behaviors?
☐ Yes ☐ No	



www.physicaltherapyetc.com

### **MEDICAL HISTORY**

Date and type of last medical examination
List ages for any of the following childhood diseases:
Whooping cough Pneumonia
Mumps Chicken Pox
Measles Tonsillitis
Rheumatic fever Other:
Were there any complications with any of the above, such as high/persistent fevers, convulsions, or persistent muscle weakness?    Yes No
If yes, please explain:
Is the child subject to frequent colds, sore throats?
Has the child had allergies, hay fever, etc.?
If yes, please describe:
Does the child tend to breathe with mouth open?
Has the child had any operations?
If yes, please describe:
Has the child had tonsils and adenoids removed?
If yes, when?
Has the child had any ear trouble (such as earaches, infection, running ears, evidence of hearing loss)?    Yes  No
If yes, please describe:
Has hearing been tested?
Results:
Has the child ever had ear (PE) tubes inserted?
If yes, when?
If yes, does the child still have ear (PE) tubes?
Has the child ever worn eyeglasses or had any difficulty with eyes?   Yes  No
If yes, please describe:
Does the child have any dental problems?
If yes, please describe:
Has the child seen a specialist for any reason?



www.physicaltherapyetc.com

### **EDUCATION HISTORY**

Current School	
Address	
CityS	StateZip
Grade Teacher	
Did the child attend nursery school?	
If yes, when? From age to	age
At what age did the child attend kindergarten?	
Does the child like school?	
Does the child like the teacher?	
Describe performance in school (please note strong and wear	k areas)
Does the child attend any special classes (such as speech the reading, resource room, special education classroom)?	· · · · · · · · · · · · · · ·
If yes, please describe:	



www.physicaltherapyetc.com

### **DAILY BEHAVIOR**



www.physicaltherapyetc.com

### **COMMUNICATION HISTORY**

Is the child's speech understandable to you?   to friends?   to strangers?   to other family members?			
List sounds or words that the child has trouble saying			
How does the child compare with siblings in speech development?			
Does the child use words in meaningful ways for his/her age?			
Give examples of sentences the child uses by himself/herself (not sentences that are repeated after you):			
At what age did the child babble? say first words?			
put two words together in a sentence? use three-word sentences?			
Does the child seem to understand directions?			
Does the child prefer to use speech or gestures when communicating?			
Do you have any further questions?			
Patient or Parent/Guardian Signature			
Relationship to Patient			
Date			