

## Case History

Name -----

D.O.B -----

Please give as much detail as you can about your child. This information will be used to inform the assessment process. The form will be kept in your child's file.

### Birth History

*Please include details about: the pregnancy, the birth and any post natal problems.*

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### Developmental Milestones

*Please include details about your child's developmental milestones e.g. walking, first words, toilet training, eating and drinking.*

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### Medical

*Please include details about your child's health, any medical conditions, regular medication, hearing test results.*

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**Family History**

*Please include information about any other family members who have experienced speech, language and communication difficulties.*

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**Family Details**

*Please state the child's position in the family and the names and ages of siblings.*

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**Languages Spoken at Home**

*Please indicate your child's first language and any other languages spoken at home.*

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**General Progress**

*Please include information about your child's progress in other areas e.g. literacy, fine and gross motor development, social interaction.*

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**Involvement of Other Professionals**

*Please include details about any other professionals involved with your child including names and contact information.*

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**Speech and Language Therapy Involvement**

*Please include information about previous speech and language therapy assessments, the outcome of these assessments and the level of input your child is receiving at present.*

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