

NUFFIELD PAEDIATRIC SPEECH DISORDERS CLINIC

CASE HISTORY FORM

The referring speech and language therapist should complete this form with the parent/carer and send in with the referral pack.

CHILD'S DETAILS

Name:

DOB: Sex: M/F

Address.....

PARENT/CARER

Name:

Relationship to the child:

Address (if different to above):

Tel No:

Email:

Are you happy for us to contact you by email? YES/NO

As many of the questions concern the early development of your child's speech, language and communication, you may find it helpful to look at your child's Red Book and / or previous family videos to help you remember.

Family Information:

2a. What is the language spoken at home? English / Other:

2b. Does anyone in the family have...? Please circle as appropriate.

- Speech / language difficulties.....YES/NO
Literacy difficulties / dyslexia.....YES/NO
Stammer.....YES/NO
Hearing.....YES/NO
Learning Difficulties.....YES/NO

Pregnancy, Birth History, Early Development, Feeding

3a. Were there any complications with the pregnancy or birth? YES/NO

If yes, please give details:
.....

3b. Did your child have any difficulties with sucking as a baby? YES/NO

3c. If your child had sucking difficulties, how long did this continue?

3d. Did your child have difficulties moving onto solids? YES/NO

3e. Can your child cope with different textures of food? YES/NO

3f. Does your child drool / dribble? YES/NO

3g. Did your child dribble in the past? YES/NO

3h. Would you describe your child as a “messy eater”? YES/NO

3i. Can he/she lick and blow? YES/NO

3j. At approximately what age did your child achieve the following milestones?

- Sit
- Crawl
- Walk independently
- Run
- Dry during the day
- Dry at night
- Feed self
- Dress self

Medical History:

4a: Does your child have a medical diagnosis? YES/NO

If yes, please give details.....
.....

4b. Do you have concerns regarding your child’s hearing? YES/NO

4c. Has your child had a hearing test in the last 3 months? YES/NO

4d. Has your child had a history of:

- Ear infections.....YES/NO
- Frequent colds.....YES/NO
- Seizures.....YES/NO
- Allergies.....YES/NO

Other

4e. Has your child been seen by or referred to any of the following professionals?

- Paediatrician.....YES/NO
- Ear Nose and Throat Surgeon.....YES/NO
- Cleft Team.....YES/NO
- Physiotherapist.....YES/NO
- Occupational Therapist.....YES/NO
- Clinical Psychologist.....YES/NO
- Educational Psychologist.....YES/NO
- Neurologist.....YES/NO

Speech and Language History

5a. Did your child vocalise frequently as a baby, particularly between 6 – 12 months?

5b. Did your child babble e.g. baba; dada? YES/NO

If yes, please, indicate below at what age you child babbled.

6-9 months	10-12 months	12-15 months	18months
Other, please give details:			

5c. Did your child use varied babble with different consonant sounds, e.g. bada; galagala? YES/NO

If yes, please, indicate at what age your child produced varied babble

6-9 months	10-12 months	12-15 months	18months
Other, please give details:			

5d. When did your child produce first recognisable words? E.g. “Mummy”, “daddy”, “ball”, “duck” etc

5e. When did your child join two words together? For example, “more juice”, “pop bubble”, “hello daddy” etc.....

Intelligibility

6a. Intelligibility in Context Scale (McLeod, Harrison & McCormack, 2012)
 (Taken from: <https://www.csu.edu.au/research/multilingual-speech/ics>)

The following questions are about how much of your child’s speech is understood by different people. Please think about your child’s speech over the past month when answering each question. Circle one number for each question.

	Always	Usually	Sometimes	Rarely	Never
Do you understand things that your child says?	5	4	3	2	1
Do immediate members of your family understand your child?	5	4	3	2	1
Do extended members of your family understand your child?	5	4	3	2	1
Do your child’s friends understand your child?	5	4	3	2	1
Do other acquaintances understand your child?	5	4	3	2	1
Do your child’s teachers understand your child?	5	4	3	2	1
Do unfamiliar people understand your child?	5	4	3	2	1
TOTAL SCORE =	/35				
AVERAGE TOTAL SCORE =	/5				

Language and Communication:

7a. Do you have concerns regarding your child’s development in any of the following areas of communication?

- Comprehension (understanding of words, instructions)YES/NO
- Expressive Language (using vocabulary; forming sentences)..... YES/NO
- Social Communication (interaction with peers, adults; eye contact, turn taking in conversation) YES/NO
- Attention and listening..... YES/NO
- Behaviour YES/NO
- Learning YES/NO

Details:

Signed (parent/carer)

Signed (speech and language therapist)

Date

Please post this case history form with the referral pack to:

**Ms Shula Burrows
Consultant Speech and Language Therapist
Nuffield Paediatric Speech Disorders Team
Royal National ENT Hospital Admin Base
Ground Floor North
250 Euston Road
London, NW1 2PG**

Please note that, for accepted referrals, appointments will be held at: Nuffield Paediatric Speech Disorders Clinic, Royal National ENT and Eastman Dental Hospital, 47-49 Huntley Street, London, WC1E 6DG

Or email (via secure email only i.e. nhs.net to nhs.net) to:

uclh.nuffieldpaediatricspeechclinic@nhs.net (marked FAO Ms Shula Burrows)