

## Case History Form

### Nuffield Paediatric Speech Disorders Clinic

Parents/carers should complete this form, with the help of their Speech and Language Therapist. Once complete, the referring SALT should send this form in to us along with the rest of the referral pack (see Referral Guidelines).

#### 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:

What are the languages spoken at home?

Does anyone in the family have...?

Speech / language difficulties  YES  NO

Literacy difficulties / dyslexia  YES  NO

Stammer  YES  NO

Hearing difficulties  YES  NO

Learning difficulties  YES  NO

**PREGNANCY, BIRTH HISTORY, EARLY DEVELOPMENT, FEEDING**

Were there any complications with the pregnancy or birth? YES NO

If yes, please give details:

Did your child have any difficulties with sucking as a baby? YES NO

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

Did your child have difficulties moving onto solids? YES NO

Can your child cope with different textures of food? YES NO

Does your child drool / dribble? YES NO

Did your child dribble in the past? YES NO

Would you describe your child as a “messy eater”? YES NO

Can he/she lick and blow? YES NO

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:**

Does your child have a medical diagnosis? YES NO

If yes, please give details:

Do you have concerns regarding your child’s hearing? YES NO

Has your child had a hearing test in the last 3 months? YES NO

Has your child had a history of:

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

Other .....

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

- Paediatrician  YES  NO
- ENT 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**

Did your child vocalise frequently, particularly between 6–12 months?  YES  NO

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

If yes, please indicate below at what age your child babbled:

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

Did your child vary consonants in their babble? e.g. gala bada  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:			

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

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

**INTELLIGIBILITY**

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 <b>you</b> understand things that your child says?	5	4	3	2	1
Do <b>immediate members of your family</b> understand your child?	5	4	3	2	1
Do <b>extended members of your family</b> understand your child?	5	4	3	2	1
Do <b>your child’s friends</b> understand your child?	5	4	3	2	1
Do other <b>acquaintances</b> understand your child?	5	4	3	2	1
Do your <b>child’s teachers</b> understand your child?	5	4	3	2	1
Do <b>unfamiliar people</b> understand your child?	5	4	3	2	1
TOTAL SCORE =	/35				
AVERAGE TOTAL SCORE =	/5				

**LANGUAGE AND COMMUNICATION:**

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 (interactions, eye contact, turn taking):  YES  NO
- Attention and listening:  YES  NO
- Behaviour:  YES  NO
- Learning:  YES  NO

Details:

**SIGNED:** (parent/carer) **DATE:**