



CASE HISTORY FORM

Dear Parent or Guardian:

The information that is requested on this form is designed to provide a better understanding of your child's speech, language, social and processing skills.

Please fill out this form as fully and accurately as possible, and return the completed form to Sharon via email to sharonsokolik@gmail.com or mail to 6065 Lake Forrest Drive, Suite 250, Sandy Springs, GA 30328.

If there are any items that you do not fully understand, please circle the question. Kids don't always fit into boxes on forms, so, please comment in the margins as needed. All information on this form will be treated confidentially and will not be released without your permission.

Thank you for choosing us to work with you and your family.

Fondly,

Sharon Sokolik, M.S. CCC-SLP, Hayley Baker, M.S. CCC-SLP and Elana Miller, M.S. CCC-SLP

Identifying Information		Date:	
Child's Full Name and Nickname			
Date of Birth			
Address			
Grade/ School Name			
Any diagnosis? Please list			
Any special services? Please list:			
Person Completing Form			

Family Information			
Parent 1 Name:		Email:	
Parent 1 phone number :	Cell:		
Parent 1 general information	Age:	Occupation:	
Any history of speech/language issues?			
Parent 2 Name:		Email:	
Parent 2 phone number:	Cell:		
Parent 2 general information	Age:	Occupation:	
Any history of speech/language issues?			
Child lives with:			
Siblings? Any speech/language issues?			

Description of Abilities

Please describe your child's current level of speech/language, social and/or processing skills and your concerns.

Health Information

Child's physician

Results of Last Exam

Current Medications/ Reason

Pregnancy Duration and Birth Weight?

Did your newborn have any health or feeding issues?

Does your child have a history of frequent ear infections?

Are there any concerns with hearing ability?

Has your child had tonsils or adenoids removed?

Does your child have a history of concussions, seizures, headaches, or head injuries?

Does your child have asthma or breathing issues?

Has your child had a psychological or neurological exam?

Have your child's motor skills developed within age appropriate norms?

Is your child receiving physical or occupational therapy?

Please add any another other medical information that you feel may be helpful for us to know.

Speech and Language History

What were child's first words & at what age?

About how many words can your child say?

Does your child primarily communicate with gestures, sounds, phrases and/or sentences at this time?

How clear and understandable is your child's speech to you?

To unfamiliar adults or peers?

Does your child understand and/or speak another language other than English?

Does your child's current speech and/or language concerns impact their performance in school?

Impact interpersonal relationships? (Social skills, playing with others)

Impact communication at home?

Have speech and language skills been evaluated before? Results? Did your child receive speech and/or language services?

Is there any other information that you think would be helpful for us to know?