

California State University, Fresno
Speech, Language and Hearing Clinic

5310 North Campus Drive M/S PH 80
Fresno, California 93740-8019
(559) 278-2422 ♦ Fax (559) 278-5187

CHILD CASE HISTORY

PLEASE PRINT IN INK OR TYPE ALL INFORMATION

General Information:

Today's Date: _____

Please Check One: Individual Speech Therapy SEALS

Child's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Age: _____

Father's Occupation: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Does the child live with both parents? _____

If no, with whom does the child live? _____

Brothers and Sisters (include names and ages): _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Referred By: _____ Phone: _____

Physician: _____ Phone: _____

Address: _____

Office Use Only:

Date Received: _____

Dates Contacted: _____

Other specialists who have seen the child: _____

Please provide copies the most recent report for the Doctor, agency or school listed above.

Address: _____ **Phone:** _____

What were the other specialists' conclusions and/or recommendations? _____

What language (s) does the child speak? _____

How does the child usually communicate?

Gestures Sign Language Single Words Short Phrases Sentences

Describe the child's speech-language or hearing problem. _____

When was the problem first noticed? _____

Who first noticed the problem? _____

What do you think may have caused the problem? _____

Since you first noticed the problem, what changes have you observed in your child's speech, language, or hearing? _____

Is the child aware of the problem? _____

What have you done to help your child with the problem? _____

Describe other speech, language, or hearing problems in the family. _____

Prenatal and Birth History:

Describe mother's general health during pregnancy (illnesses, accidents, prescription and non-prescription medications, etc.). _____

Length of pregnancy: _____

Length of labor: _____

Child's general condition: _____

Birth weight: _____

Circle type of delivery: Head First Feet First Breech Cesarean

Were forceps used? _____

Child's length of stay in hospital: _____

Describe any unusual conditions that may have affected the pregnancy or birth.

Medical History:

Child's general health is:

Good

Fair

Poor

Provide the approximate ages at which the child experienced the following illnesses and conditions.

Adenoidectomy _____

Asthma _____

Allergies _____

Chicken pox _____

Colds _____

Convulsions _____

Croup _____

Draining ear _____

Dizziness _____

Ear infections _____

Epilepsy _____

Encephalitis _____

German measles _____

Headaches _____

Hearing loss _____

Heart problems _____

High fever _____

Influenza _____

Measles _____

Mastoiditis _____

Meningitis _____

Mumps _____

Noise Exposure _____

Pneumonia _____

Seizures _____

Sinusitis _____

Tinnitus _____

Tonsillitis _____

Tonsillectomy _____

Visual Problems _____

Other _____

Glasses _____

List child's current medications. _____

Describe any major accidents, surgeries, or hospitalizations the child has had. _____

Developmental History

Write the approximate age when the child began to do the following.

Crawl _____ Sit _____ Stand _____ Walk _____ Feed Self _____

Dress Self _____ Use toilet _____ Use single words _____ Combine words _____

Name simple objects _____ Use simple questions _____ Engage in a conversation _____

Does the child have any motor difficulty, such as walking, running, or participating in other activities which require small or large muscle coordination? _____

Describe any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.) your child has had. _____

Does the child:

Respond to any sounds? _____

Respond to the sound of the telephone bell? _____

Respond to the sound of human voices? _____

Respond to loud sounds only? _____

Respond to sounds inconsistently? _____

Seem to ignore sounds willfully? _____

Do you suspect any problems with hearing? _____

General Behavior

Does the child eat well? _____ Sleep well? _____

How does the child interact with other family members? _____

Is the child: Attentive Extremely Active Restless

Does the child bang his/her head, rock, or spin? _____

Does the child play by him/herself? _____

How does the child interact with other children? _____

Does the child lose his/her temper? _____

With whom does the child spend most of the day? _____

Educational History

School or Preschool: _____ Grade: _____

Teacher (s): _____

Describe any special services your child receives. _____

If enrolled for special education services, list main goals of the Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP). _____

Please add any additional information you feel might be helpful in the evaluation or treatment of the child's problem.

PLEASE ATTACH ANY REPORT YOU HAVE FROM ANOTHER AGENCY, SCHOOL OR DOCTOR.

Person completing the form: _____

Relationship to the child: _____

Signed: _____ **Date:** _____

*****Please Note:** You must complete and sign the attached Observation and Photo Consent statements, and the Release of Liability form and return them with your case history form. Thank you for taking the time to fill out the forms completely and accurately.

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Observation Consent

Consent is hereby given to faculty, students and other persons approved by the clinical supervisor at the Language, Speech and Hearing Clinic at California State University, Fresno to observe _____ in the clinic or in off campus settings.

Client Name

The purpose of these observations is to train University Communicative Sciences & Disorders students (both diagnostic and treatment sessions may be observed). Students from other departments studying children and adults with language, hearing, and speech disorders may also watch and listen if the supervisor gives permission.

Parent/Guardian/Self (18 or older)

Date

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Consent and Release for Photographs or Videotaping

Consent is hereby given to the Speech, Language, & Hearing Clinic, at California State University, Fresno, to take photographs, or videotape of _____.

I understand that the photos/videos will be used to train University students and demonstrate department activities to the general public (e.g. CDDS department website or on Professional Health Services building bulletin boards).

I understand that I will be able to view the photographs or videotape if I request to do so.

Parent/Guardian/Self (18 or older) – Print Name

Date

Signature

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Participation in evaluation and/or treatment in the California State University Speech and Hearing Clinic

Activity Date(s) and Time(s): Ongoing

Activity Location(s): PHS 101, 220, 222, 225, 248

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fresno; The California State University Association, Inc.; California State University, Fresno Foundation, Inc.; California State University Athletic Corporation; and all of said entities' employees, officers, directors, volunteers and agents (collectively "University) from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If participant is under 18 years of age, or has a legal conservator or guardian:

I am the parent or legal conservator/guardian of the Participant(s) listed below. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Participant's Parent or Legal Guardian/Conservator

Name of Participant's Parent or Legal Guardian/Conservator (Print)

Minor Participant Name(s)