

NUFFIELD SPEECH CLINIC

CASE HISTORY FORM

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

CHILD'S DETAILS

Name:.....

DOB:..... Sex: M/F

Address.....

PARENT/CARER

Name:.....

Relationship to the child:.....

Address:.....

Tel No:.....

E-mail:.....

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 : Please specify

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

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?

3j. Approximately at what age did your child achieve the following milestones?

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 eg. 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, eg. 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. How much of your child’s speech can you understand in a simple conversation if you know what he / she is talking about. Please circle the appropriate percentage.

90 -100%	75%	50%	25%	LESS
----------	-----	-----	-----	------

6b. If you do not know what your child is talking about how much of his / her speech can you understand?

90 -100%	75%	50%	25%	LESS
----------	-----	-----	-----	------

6c. How much of your child's speech can extended family members / friends understand?

90 -100%	75%	50%	25%	LESS
----------	-----	-----	-----	------

6d. how much can the class teacher understand?

90 -100%	75%	50%	25%	LESS
----------	-----	-----	-----	------

Language and Communication:

6a . 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 send this form with the referral form to:

Nuffield Speech Clinic
Nuffield Hearing & Speech Centre
RNTNE Hospital
330 Grays Inn Road
London
WC1X 8DA