

APPENDIX BB
CENTER FOR COMMUNICATION DISORDERS
SOUTHERN CONNECTICUT STATE UNIVERSITY
Child Case History Report
HEARING

Date: _____

Identification:

Name of Child _____ Age _____ Sex _____

Street Address _____ Telephone _____

City _____ State _____ Zip _____

School Attending _____ Grade in School _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Age _____

Mother's Name _____ Age _____

Person Giving Information _____

Brief Statement of Child's Problem _____

Referred By _____ Address _____

Birth and Development History

Name of Physician Who Delivered Child _____

Address _____

Where Did Birth Take Place _____

Length of Pregnancy _____ Length of Hard Labor _____

Was Delivery Normal _____

Instruments Used? _____

Describe any Unusual Birth Conditions or Complications Following Birth: _____

Indicate Any of the Following Mother Had During Pregnancy

Accidents	_____	Vomiting	_____
Influenza	_____	Diabetes	_____
Measles	_____	Pneumonia	_____
Venereal Disease	_____	High Fever	_____
Mental Disease	_____	Tuberculosis	_____
Anemia	_____	Nervous Disorder	_____
Meningitis	_____	Scarlet Fever	_____
Other	_____	Rh Incompatibility	_____

Were there any drugs taken during pregnancy? _____

Child's Birthweight _____ Did child cry after birth? _____

Did child have any trouble sucking or eating after birth? _____

Explain: _____

Was child a good eater as an infant? _____

Describe any feeding problems _____

Was child's gain normal? _____

Age of holding head up _____ Sitting up without support _____

1st tooth _____ Creeping _____ Walking alone _____

Toilet training (complete) _____ Able to dress self _____

Able to feed self _____

Does s/he have frequent nightmares? _____

Does s/he frequently cry at night: _____ Does s/he ever wet the bed? _____

Explain _____

Check any of the following that the child **NOW** does:

Sucks his/her thumb	_____	Cries without reason	_____
Has toilet accidents	_____	Breathes through mouth	_____
Bites nails	_____	Snores at night	_____
Falls frequently	_____	Has seizures	_____
Has temper tantrums	_____	Face or body twitches	_____

How many hours of sleep does the child get each night? _____
Does s/he take naps? _____ How long? _____

Medical History

Has Child's health been good, generally speaking? _____

If not, Explain: _____

Indicate any operations s/he has had: (at what age?) _____

Pediatrician: _____ Address: _____

Has the child ever had an eye examination? _____ Does s/he wear glasses? _____

Has the child ever been examined by a Psychologist? _____

If so, name of psychologist _____

Address _____

Date of Examination _____ Report or Recommendation of Psychologist _____

Has the child had other examinations or evaluations such as Neurological Examination

Speech Evaluations, etc? _____ Explain, giving names of Doctors and Clinics:

Indicate what illnesses and diseases s/he has had (at what age?):

Speech

Was Child's crying similar to that of other babies? _____

How was the Child taught to talk? _____

Who taught child to talk? _____ At what age did s/he say his/her first word
What were they? _____

When did s/he begin putting words together to form sentences? _____

Has his/her speech ever been better than it is at the present time? _____

Explain: _____

Has his/her speech improved recently? Explain: _____

Is any language other than English spoken in the home? _____

What Language(s)? _____

Have any members of the child's family, immediate or distant, had any type of Speech Problem? _____

Explain: _____

Hearing

Has the Child been examined by an ear Specialist (Otolologist)?

Otolologist's Name _____ Address _____

Telephone _____

Has the Child's hearing been tested by an Audiologist? _____

Audiologist's Name _____ Address _____

Telephone _____

Date(s) of Audiological Examination(s) _____

When was a hearing loss first noticed or suspected? _____

What made you believe s/he had a hearing loss? _____

What do you believe caused the hearing loss? _____

Does there seem to be a time when his hearing is better than at other times? _____

Does s/he answer when you speak directly to him/her? _____

Does s/he answer if s/he is called from another room? _____

Does s/he seem to notice loud sounds? _____

What sounds does s/he seem to hear?

Does s/he use a hearing aid? _____ What kind? _____

How long has s/he had an aid? _____ Does s/he wear it all the time?

Explain: _____

What is his attitude toward the aid? _____

Family History

Father's Occupation _____ Education _____

How many hours a week does he play with the child? _____

Present health condition _____

Past health history _____

Mother's Occupation _____ Education _____

Present health condition _____

Past health history _____

Number of Pregnancies _____

_____ Miscarriages	_____ Which Pregnancy	_____ Month of Delivery
_____ Stillborn	_____ Which Pregnancy	_____ Month of Delivery
_____ Premature	_____ Which Pregnancy	_____ Month of Delivery

List in Order the other children in the Family:

<u>Name</u>	<u>Age</u>	<u>School Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do both parents live at home? _____

Is Father parent or a step parent? _____

Do any other relatives or friends live at home? _____

Do any members of the family (Blood relative of the child) have any chronic illnesses?

Do any blood relatives of the child have hearing impairment? _____

What is the attitude of the child's brothers and sisters toward him? _____

Who disciplines the child? _____ How is s/he usually disciplined? _____

How does he react to discipline? _____

Attitudes and Interests

Does s/he play with other children well? _____

Does s/he get along well with his/her brothers and sisters? _____

Does s/he like to play alone? _____

Does s/he watch television? _____ If so, what are his favorite programs?

What are his/her favorite games and toys? What are his/her names for these (i.e.: is a doll a “doll”, “dolly”, “baby”, etc.?) _____

How would you describe your child?

Vocabulary

What names are given to parents, items of household, furniture, foods, etc.?

Schooling

Has the child attended Nursery School, clinic sessions, had special tutoring or attended a school for the deaf?

_____ Name of Schools (s): _____