



MINNESOTA
**MASONIC
 CHILDREN'S CLINIC**
 FOR COMMUNICATION DISORDERS

24 West 2nd Street
 Duluth, MN 55802
 218-720-3911

DATE: _____

CASE HISTORY

Please fill out this form as completely as possible, as this information is important in the diagnosis of your child's communication problem. If you need help in completing this form, or have any other questions, please call us at 218-720-3911 and we will be happy to help.

Child's Name _____ Date of Birth _____

Street Address _____ Phone _____

City/State _____ Zip _____

Caregiver's Email: _____

Do you consent to us sharing information using this email address? No Yes ____ initial please

Why did you choose our Clinic? (circle one) Quality – Referral – Access – No Cost – Other _____

Would you like to be signed up for our monthly eNewsletter? (circle one) No Yes

Please list who lives in the same household with the child:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation</u>

Child's Doctor _____ Phone _____

Address _____

Do you have a social worker? _____

What is your child's native language? _____

Who referred you to the Masonic Children's Clinic? _____

Does your child currently receive special services at any other agency? No Yes

Where _____, If possible, please send a copy of a assessment report, current treatment plan, IEP, or IFSP along with this case history form.

Describe your concerns about your child's speech/language development. _____

What do you hope to learn from this evaluation? _____

Is there any family history of hear loss? If yes, please explain. _____

Does your child have a relative who developed hearing loss before 50 years of age?

What concerns do you have about your child's hearing?

Has your child ever had his/her ears tested? If yes, please list the date _____

Describe any unusual conditions during pregnancy or birth (illnesses, accidents, medications, etc.)

Length of pregnancy _____ Child's Birth Weight _____

Indicate if your child has suffered the following illnesses or conditions:

Allergies** _____ Asthma _____

Colds _____ Ear Infections/Fluid _____

High Fever _____ Influenza _____

Mastoiditis _____ Meningitis _____

Seizures _____ Tonsillitis _____

Other _____

**List allergies: _____

Is your child taking any medications? No Yes If yes, describe. _____

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____

Walk _____ Feed self _____ Dress self _____

Use toilet: day _____ night _____

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe. _____

Does your child have unusual responses to sounds, smells, foods in the environment that most children don't react to? No Yes

Describe _____

Does your child respond when his/her name is called? No Yes

Does your child seem to understand your directions? No Yes

Does your child point to things to show them to you? No Yes

Approximately how many words does your child understand? _____

Approximately how many words does your child use? _____

Provide an example of your child's best sentence _____

What does your child like to play with? _____

How would your child communicate in the following situations? Please give an example for each situation.

1. Asking to do something, for instance, to go outside. _____
2. Requesting food. _____
3. Describing a toy he/she wants. _____
4. Wanting to know where mom or dad went. _____

Can your child talk about past experiences? _____

Does your child demonstrate in pretend play and imagination (e.g., use a stick to represent a microphone)?

Does your child attend preschool or day care? No Yes

Name of facility _____

If your child is school age, provide the name of elementary school your child attends. _____

List five words to describe your child (e.g., happy, competitive, etc.) _____

Please list anything you feel would be helpful for us to know about your child or family (e.g. child and caregiver preferred names and pronouns, etc.) _____

Please write/attach any additional information you would like to share with the Masonic Children's Clinic.
