

**SPEECHKIDS
2225 LAKESIDE DRIVE
BANNOCKBURN, IL 60015**

GENERAL HISTORY FORM

Medical History

Pediatrician:
Address:

Phone:
Fax:

Other Medical Specialist(s) involved in diagnosis or treatment of the child:
Name: Specialty:

All Diagnosed Conditions:
Diagnosis: Who diagnosed? When?

Is the child presently on any type of medication?
What type?

For what?

Other Developmental Evaluations:
Type: Evaluator: Dates:
Therapeutic History:
Type: Therapist: Dates:

Hearing and Vision:

Has your child's hearing been tested?
Describe: where/ when/ why/ results:

Has your child's vision been tested?
Describe: where/ when/ why/ results:

Health History

Indicate early illnesses as well as current.

Frequent colds
Seizures
Hospitalizations
Ear Infections
High Fevers

Developmental History

At what age did the child:

Sit alone

Stand alone

Walk

Speak first words

Put two words together

Toilet trained?

Bowel

Bladder

Educational History

Parent-Infant (0-3) Experience?

Describe:

Preschool:

School Name:

Address:

Phone:

Fax:

Classroom Placement:

Case Study Results:

Verbal Performance

Nonverbal Performance

Services Recommended:

Next MDC/IEP:

Describe Classroom Achievement:

Describe Peer Interactions:

School Team Members:

Title:

Name:

Minutes:

Any concerns regarding the school program?

Social History

List child's favorite toys:

List Child's Favorite Characters:

How does the child spend his/her free-time?

Are there any settings/situations to which your child has an adverse reaction (e.g. malls, parties, hair cuts)?