

CASE HISTORY FORM

Client's Name: _____ DOB: _____

UN _____

Parents / Carers:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Address:

Post Code:

CONTACT TELEPHONE NUMBER(s):

Name _____ No _____

Name _____ No _____

Name _____ No _____

Name _____ No _____

Family Details:

GP Name: consent to copy___

Address:

Post Code:

Telephone:

Health Visitor Name: consent to copy___

Address:

Post Code:

Telephone:

School Name: consent to copy___

Address:

Post Code:

Telephone:

Head Teacher:

Class Teacher:

SENCO:

Teaching Assistant:

School Health Advisor: consent to copy___

Address:

Post Code:

Telephone:

Medical History:

Hearing:

Vision:

Other:

Other professional involved: (tick if consent to copy written reports)

Name:

Title:

Contact Add:

Telephone:

consent to copy___

Name:

Title:

Contact Add:

Telephone:

consent to copy___

Name:

Title:

Contact Add:

consent to copy___

Telephone:

Initial reported concerns re communication:

Observations / information gathered:

Attention and Listening:

Understanding:

Observations / information gathered cont:

Expression:

Play:

Speech sounds:

Social Interaction:

Other:

Eating and drinking:

Milestones Development:

Sitting up

Crawling

Walking

Babble

Talking

Communication Difficulties within the family:

Other:

Case history taken from:

Case history taken by:

Date: