



## Speech-Language-Hearing Case History Form

Child's Name:	Birthdate:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Mother's Name:	Mother's Cell #: _____ Home #: _____ Work #: _____
Mother's Address:	Mother's Home email: _____ Work email: _____
Father's Name:	Father's : Cell #: _____ Home #: _____ Work #: _____
Father's Address:	Father's : Home email: _____ Work email: _____
Doctor's Name:	Doctor's Phone:

### Child lives with (check one):

- Both parents       Foster Parents       One Parent  
 Adoptive Parents       Parent & Step-Parent       Other \_\_\_\_\_

### Family History:

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_