



Speech-Language-Hearing Case History Form

Child's Name:	Birthdate:
Sex: M 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):

Birth parents

Foster Parents

One Parent

Adoptive Parents

Parent & Step-Parent

Other _____