



Pediatric Fluency Case History Form

The information you provide on this form will give us a better understanding of your child and expedite the course of the evaluation process. All material and information is strictly confidential.

Date: _____

Person completing this form: _____

Relationship to child (parent, teacher, etc): _____

Description of the problem:

What information do you hope to obtain from this evaluation? _____

General Information

CHILD'S NAME: _____ School & grade: _____

Date of Birth: _____ Age: _____

Address: _____ Phone: _____

County: _____ Email _____

MOTHER'S NAME: _____ Cell phone: _____

Mother's occupation: _____ Business phone: _____

FATHER'S NAME: _____ Cell phone: _____

Father's occupation: _____ Business phone: _____

Does your child live with both parents? _____

With whom does your child spend most of his/her time during the week? _____

Relationship to child? _____

Referred by: _____ Phone: _____

Address: _____

Pediatrician/Primary Doctor: _____ Phone: _____

Address: _____

Please describe your child's speech: _____

Does your child have trouble with any of the following? Please circle all that apply.

Finding the right word Getting to the point Organizing their thoughts

What motivated you to seek advice or help regarding your child's speech? _____

How is your child doing academically (or pre-academically)? Please comment on reading and written language. Does your child like school? _____

FAMILY HISTORY

Is there a family history of stuttering or any other speech, language, learning, reading, attention or hearing problems? If yes, please describe.

Is English your child's primary language? Yes / No If no, list others: _____

DEVELOPMENTAL HISTORY

Have any other specialists (tutors, physicians, psychologists, special education teachers, etc.) seen your child? If yes, indicate the type of specialist, and the reason why.

As far as you know, was your child's physical development normal? _____
Please describe any difficulties: _____

As far as you know, was your child's speech and language development normal?
Please describe any difficulties: _____

How has your child's health been in the past? Good ____ Fair ____ Poor ____

How is your child's health presently? Good ____ Fair ____ Poor ____

Have they ever been hospitalized? _____

Do they have any chronic or current medical problems? If yes please list

Are they presently taking medication? If yes, please list

Are there or have there been any feeding or eating problems (e.g., any problems with sucking, tolerating specific food textures, swallowing, drooling, chewing, etc.)? If yes please describe.

Describe your child's response to sound (e.g. responds to all sounds, tolerates loud noises, responds to loud sounds only, inconsistently responds to sounds, etc.)

FLUENCY PROBLEM

A. Onset

1. When was the problem first noticed? _____

2. By Whom? _____

3. What do you believe caused the problem? _____

B. Course of Development

1. Please check or describe symptoms, which were present at the onset and those present now.

Onset	Now
_____	_____ Repetitions of phrases (“I want -I want -I want to go”)
_____	_____ Repetitions of single words (“I want my-my cup”)
_____	_____ Repetitions of syllables (“So-so-so-soldier”)
_____	_____ Repetitions of beginning sounds of words (e.g. I want the t-t-truck”)
_____	_____ Prolongation of sounds (ssssssssssoldier”)
_____	_____ Blocks (attempting to make sound but does not come out, “(Block) ut it in here”)
_____	_____ Faulty Breathing Describe: _____
_____	_____ Changes in loudness. Describe: _____
_____	_____ Changes in pitch. Describe. _____
_____	_____ Facial movements. Describe: _____
_____	_____ Hand movements. Describe: _____
_____	_____ Struggle and tension during speech. Describe: _____
_____	_____ Other. Describe: _____

2. Describe any changes in the problem since it began? _____

3. If possible, list three times you have noticed the speech problem is worse than usual.

4. If possible, list three times you have noticed the speech problem to be better than usual.

a. _____

b. _____

c. _____

5. List any persons around whom he/she has the greatest difficulty talking.

a. _____

b. _____

c. _____

6. List any persons around whom he/she has the least difficulty talking.

a. _____

b. _____

c. _____

7. What is your child's typical reaction to his/her fluency problem?

8. What is your typical reaction to his/her fluency problem?

9. List prior treatment for your child's dysfluent speech.

<u>When</u>	<u>Where</u>	<u>How Long?</u>	<u>Advice/Type of Therapy</u>

10. About what percentage of what your child says is stuttered?

11. Does he/she have periods of fluency?

a. How long do they last? _____

b. Are they related to who is listening? _____

c. Are they related to what he/she is talking about? _____

d. Are they related to his/her physical state at the time? _____

e. Are they related to his/her emotional state? _____

12. Once a stuttering episode has started, what do they do to try to end it?

13. Can you describe what happens when he/she has difficulty talking?

HOME ENVIRONMENT

1. What are your child's favorite home activities? _____

2. Please tell us about your child's strength's and interests.

3. How and when is the child praised? _____

4. How is bedtime handled in the home? _____

5. How is discipline handled in the house? _____

6. Please describe your child's personality (e.g., sensitive? perfectionist?)

Please describe your child's social interaction skills

Additional Comments/Information: _____



Cancellation Policy

Princeton Speech and Language Center is dedicated to providing quality services to our clients. We must stress that consistency of attendance is crucial in order for clients to effectively meet the goals of their treatment plan. In addition, therapy time is specifically reserved for your family and is unavailable for other clients.

We are sensitive to the needs faced by the families of our clients however; it is necessary for us to enforce a cancellation policy. Except in cases of emergency or sudden illness, appointments not cancelled **48 hours** in advance will result in a charge as though the appointment was held.

We look forward to a positive relationship with you, as we strive to provide cutting edge, quality treatment and specialized programs. Thank you for your attention to this matter.

Signed: _____

Date: _____

FINANCIAL RESPONSIBILITY

I hereby agree to accept full responsibility for all fees for services rendered to the patient by the practitioner. I am also aware of the cancellation policy enclosed.

Signed: _____

Date: _____

Driver's License Number: N J – _____



CLINICAL RELEASE OF INFORMATION

Mr.
Mrs.
I, Ms. _____, hereby give Princeton Speech-Language & Learning Center permission to discuss my/my child's case with the interdisciplinary professionals involved in his/her care, and to release any relevant clinical information to those professionals if requested. I also authorize PSLLC to release and/or share any information requested by my insurance company.

(Client's Name)

Please list the professionals to which we may correspond:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature of Patient: _____ Date: _____

Document must be signed by parent or guardian if patient is under 18 years of age.

In order to assist the speech-pathologist get a complete profile of your child's strengths and weaknesses, please check off any areas which you feel may apply:

Auditory Processing:

- Does not listen carefully to directions- often need to repeat instructions.
- Sometimes misunderstands what is said.
- Needs extra time to respond to questions.
- Background noise makes following verbal instructions even more difficult.
- Says "huh" or "what" in response to questions.
- Does not respond to name when called.

Attention:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has difficulty sustaining attention in tasks or play activities in school and at home.
- Has difficulty organizing tasks and activities.
- Often loses things necessary for tasks and activities (e.g., toys, school assignments, pencils, books, or tools).
- Fidgets with hands or feet or squirms in seat.
- Leaves seat in classroom or in other situations in which remaining seated is expected.
- Easily distracted.
- Often blurts out answers before the questions have been completed.
- Has difficulty awaiting turn.
- Daydreams and/or is inattentive.

Word Retrieval:

- Knows the word (s)he wants to say, but cannot think of it.
- Has difficulty remembering the names of people, places, objects that (s)he knows.
- Substitutes words with a similar word or by describing the word by category, function, or what it looks like.
- There is sometimes a long delay when (s)he cannot think of the word.
- Makes false starts and revisions when relating an experience (e.g., "we were...Bob and I went to the game.").
- Uses time fillers when trying to think of a word (e.g., um...er...um...computer).

Sensory Sensitivities:

- Expresses distress during grooming (e.g., haircuts, face washing, teeth brushing, nail cutting).
- Reacts emotionally or aggressively to touch.
- Avoids certain tastes or food smells that are typically part of children's diets.
- Picky eater, especially regarding food textures.
- Becomes anxious or distressed when feet leave the ground.
- Touches people and objects

_____ Doesn't seem to notice when face or hands are messy (e.g., with food, drool, mucous, etc.)

Social Communication:

_____ Decreased eye contact when interacting with others.

_____ Frequent conflicts with peers are noted by others such as teachers, scout leaders, etc.

_____ Avoids or shows no/little interest in social interactions of same age peers, such as birthday parties.

_____ Needs to be directly taught "implied social rules," such as keeping personal space, responding to others when they talk or greet them, how to talk to adults/authority figures vs. peers, messages sent by their tone of voice.

_____ Needs to be frequently given alternate solutions to conflict situations with peers- cannot generate these solutions, or only generates ineffective solutions on their own.