Susan M. Dane, M.A. SLP
Speech Language Pathologist
Reg. CASLPO

Speech Ability
Fun Effective Therapy

www.speechability.ca

(905) 464-0363
sue@speechability.ca
1379 Bayshire Drive,
Oakville, Ontario L6H 6C7

CASE HISTORY FORM

CHILD'S INFORMATION			
FULL NAME:		**GENDER** ☐ Male ☐ Female	**DOB:**
CURRENT AGE:	**NAME OF SCHOOL:**		**GRADE:**
PARENT NAME(s):		**PARENT PHONE**: Home: Cell (mother): Cell (father):	
PARENT EMAIL		**CONTACT DATE(S)**	

CLIENT/ PARENTCONCERNS When the problem began Who noticed it Where the problem occurs			
CHILD REACTIONS	☐ Tries again/revises ☐ Becomes angry/frustrated ☐Other: ☐ Gives up ☐ Doesn't notice		
PHYSICIAN CONCERNS ☐ None			
OTHER SERVICES AND EVALUATIONS ☐ None	TYPE OF SERVICE	DATES/AGE	NAME OF PROVIDER if known
	Last Hearing Test		
	Other Speech Language Assessments/ Interventions		
REFERRAL SOURCE			
Family History of Speech Difficulties ☐ None			

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FULL NAME:	**DOB:**

CHILD HISTORY	DESCRIPTION
Birth History ☐ None ☐ Full Term ☐ Premature	**Birth Complications**:
History of Ear Infections	
Allergies ☐ None	
Medical Conditions ☐ None	
Medications ☐ None	
Gross/ Fine Motor Challenges ☐ None	
Feeding/Swallowing Difficulties ☐ None	
Language Spoken	Home: Preschool/School:
People Living in Home (Grandparents, Siblings Names)	

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	☐ am	☐ am	☐ am	☐ am	☐ am	☐ am
	☐ pm	☐ pm	☐ pm	☐ pm	☐ pm	☐ pm

Preferred Session Location	☐ SpeechAbility Office ☐ Home ☐ Preschool ☐ School

Other Information