AUBURN TLC
Therapy And Learning Center

Child Case History (18-36 Months)

Welcome to Auburn TLC! In order to help us achieve our mission of providing the highest quality treatment for your child, please fill out this form as accurately as possible. We look forward to working with you and your child.

Today's Date: _____

Child's Name: _____Nickname: _____

Prenatal and Birth History

Mom's age at birth _____ Dad's age at birth _____

Length of Pregnancy _____ Child's weight at birth _____

Type of Delivery: ☐ Vaginal ☐ Caesarian ☐ Breech

Did Mom experience any illnesses or accidents during pregnancy? ☐ Yes ☐ No

If yes, please provide details, including any medications used. _____

_____

Was your child's delivery normal? ☐ Yes ☐ No If no, please provide details _____

_____

Did your child experience any health problems during or after birth? (health, swallowing, sucking, feeding, sleeping) ☐ Yes ☐ No

If yes, please provide details: _____

_____

Medical History

Has your child ever had surgery? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has your child ever been hospitalized for a serious illness? ☐ Yes ☐ No

If yes, indicate when and explain: _____

Has your child ever experienced any of the following? Check all that apply and please indicate age of occurrence:

ILLNESS	YES	AGE	ILLNESS	YES	AGE
Adenoidectomy			Headaches		
Allergies			Head injury		
Asthma			Heart problems		
Blood Disease			High fevers		
Chickenpox			Influenza		
Chronic Colds			Measles/Mumps		
Croup/whooping cough			Neuromuscular Disorders		
Dental problems			Rheumatic Fever		
Ear Infections			Pneumonia		
Ear tubes inserted for ear infections			Other _____ _____		
Encephalitis/Meningitis					

Speech and Language Development

At what age did you child speak his or her first word? _____

Did it ever seem like your child started losing words? ☐ Yes ☐ No

Check all that apply to describe your child's receptive language:

☐ Repeats sounds, words or phrases over and over ☐ Understands what you say to him or her

☐ Points to common objects on request ☐ Follow simple directions

☐ Looks at object that you point to or talk about?

Check all that apply to describe your child's expressive language:

☐ Gestures (e.g. pointing, nodding head) ☐ Sounds (e.g. vowels, noises, grunting)

☐ Words ☐ 2-4 word sentences ☐ Sentences longer than 4 words

Gross Motor Development

Please indicate the ages when these skills were observed:

Milestone	Age at which achieved	Still an area of concern
Holding head up while lying on stomach		
Rolling over		
Sitting up unassisted		
Crawling		
Pulling to stand		
Cruise along furniture		
Standing unassisted		
Walking unassisted		

Fine Motor Skills Development

Please indicate the ages when these skills were observed:

Milestone	Age at which achieved	Still an area of concern
Reaches and grasps objects		
Transfers objects from one hand to the other		
Feeds self with fingers and/or utensils		
Stacks blocks		
Copies drawn lines and cuts with scissors		
Counts to 5 using fingers		
Uses knife for cutting		
Correctly holds a pencil/crayon		
Writes own name		
Completes simple puzzles		

Area(s) of concern

What are your concerns about your child's development?

_____

_____

When did you notice these concerns? _____

Has your child previously received services for these concerns? ☐ Yes ☐ No

If so, when and where: _____

_____

Does the child have any siblings? ☐ Yes ☐ No (If yes, please list below)

Name	Age	Sex	History of speech, language, hearing or medical problems?

Is there a family history of speech or language problems? ☐ Yes ☐ No

Is English the primary language spoken in the home? ☐ Yes ☐ No

Other language(s) spoken in the home? _____

Please list any diagnoses your child has:

_____

Is your child currently taking any medications? ☐ Yes ☐ No (If yes, please indicate below):

Medication	How often?	For what purpose?

If your child has any allergies, especially food allergies, please list them below:

_____

Behavior

Please check 'YES' for all that apply to your child:

BEHAVIOR	YES	Describe
Eating problems or picky eater		
Sleeping problems		
Doesn't play appropriately with toys		
Short attention span		
Overactive		
Underactive		
Cries a lot		
Doesn't follow directions		
Easily upset		