

CASE HISTORY

Full name _____

Date of birth _____

address _____

School _____ date admitted _____

Telephone number _____

Contact email _____

Mother's name _____

Father's name _____

Siblings & position _____

Referral agent _____

Reason for referral _____

Name of therapist _____

Name & address of GP _____

Name of HV _____

Date of initial assessment _____

MEDICAL HISTORY

Birth _____

Feeding _____

Physical milestones:

crawling	
standing	
walking	

Illnesses _____

Immunisations _____

Ear infections? Involvement

Communication milestones:

first sounds	
babbling	
first words	
putting 2/3 words together	
sentences	

Memory _____

Social
skills

Literacy
skills

Any other educational issue/concerns

Other issues
