

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 \_\_\_\_\_  
\_\_\_\_\_  
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Social  
skills

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Literacy  
skills

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Any other educational issue/concerns

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Other issues

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