

Speech Pathology

**CASE HISTORY FORM (0 – 6 months)**

Date filled out: \_\_\_\_\_  
 Parents'/Carers' names: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ (U.R.). \_\_\_\_\_ (D.O.B). \_\_\_\_\_  
 Language(s) spoken at home: \_\_\_\_\_  
 Child lives at home with: \_\_\_\_\_

**Parent Concerns:**

What are your concerns about your child's feeding?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pregnancy:** With / Without complications

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Birth History:** With / Without complications

Gestation age at birth: \_\_\_\_\_ weeks  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical History:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Speech Pathology input?** Yes No

Contact details: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Paediatrician:**

\_\_\_\_\_

**Other health professionals involved?**

\_\_\_\_\_  
 \_\_\_\_\_

**Social:**

Who lives at home with the child? \_\_\_\_\_

**FEEDING HISTORY:**

How is your child fed?	Breast	Bottle	Tube
If bottle, please specify type:	_____		
If tube, please specify:	Bolus NG	Continuous PEG	PEJ

Did your child have difficulty establishing feeding? YES NO  
If yes, please describe (e.g. slow to feed, spillage from mouth, coughing, reflux):

\_\_\_\_\_

Can you describe what typically happens before/during/after a feed?

\_\_\_\_\_  
\_\_\_\_\_

What is your child's typical feeding schedule?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long does each feed take? \_\_\_\_\_

How long does the child settle for between feeds? \_\_\_\_\_

Bottle: What amount is taken per feed on average? \_\_\_\_\_

Do you have any concerns regarding weight gain? YES NO  
Is your baby tracking along the growth chart? YES NO  
Percentile: \_\_\_\_\_

Have solids been introduced? YES NO  
Comments: \_\_\_\_\_

Has cup drinking been introduced? YES NO  
Comments: \_\_\_\_\_

Are there any diagnosed allergies/intolerances?

\_\_\_\_\_

Is there any family history of allergies? \_\_\_\_\_

Sleeping patterns: Settles easily Difficulty with sleep  
Comments: \_\_\_\_\_

What are your aims for this assessment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT**

I, \_\_\_\_\_, give consent for Speech Pathology at RCH to share information regarding my child \_\_\_\_\_ with other health/education professionals listed above in this form.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**