



The Lotus Tree

The Lotus Tree  
Sensory Integration Center  
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## Speech, Language, & Hearing Case History Form

Patient's Full Name: \_\_\_\_\_

How does your child communicate?      \_\_\_ body language  
   \_\_\_ sounds (vowels, grunting)  
   \_\_\_ common words (shoe, dog, up)  
   \_\_\_ 2 to 4 word sentences  
   \_\_\_ sentences longer than four words  
   \_\_\_ other \_\_\_\_\_

Does your child:                    repeat sounds, words or phrases over and over  
    understand/comprehend what you are saying  
    retrieve/point to common objects upon requests (ball, cup, shoe)  
    follow simple directions (shut the door or get your shoes)  
    respond correctly to yes/no questions  
    respond correctly to who/what/where/when/why questions  
    choke on food or liquids  
    currently put toys/objects in his/her mouth  
    brush his/her teeth and/or allow brushing

Do you feel your child has a speech problem?      yes      no  
If yes, please explain: \_\_\_\_\_

Do you feel your child has a hearing problem?      yes      no  
If yes, please explain: \_\_\_\_\_

Is your child aware of, or frustrated by, any speech/language difficulties?      yes      no  
If yes, please explain: \_\_\_\_\_

Has your child received the following?

• hearing evaluation/screening      yes      no  
If yes, when and where: \_\_\_\_\_  
What were you told? \_\_\_\_\_

• speech evaluation/screening      yes      no  
If yes, when and where: \_\_\_\_\_  
What were you told? \_\_\_\_\_

• speech therapy      yes      no  
If yes, when and where: \_\_\_\_\_  
What were you told \_\_\_\_\_