

**CHILD FLUENCY CASE HISTORY FORM/ INTERVIEW  
CONFIDENTIAL INFORMATION**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_

Person providing case history information: \_\_\_\_\_

Referred by: \_\_\_\_\_

Child/Family Information

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

School District: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Number of dependents/children in the home: \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background Information:

Describe your child's pre-natal and birth history (trauma, Caesarean section, Jaundice, appeared blue etc.). Were there any complications during the pregnancy or delivery of your child?

Describe your child's medical history. Does your child have any medical conditions (e.g. asthma, bronchitis, hypertension, frequent colds, ear infections, seizures)?

Does your child have any allergies? If so, to what?

Does your child take any medication on a regular basis? If so what?

Has your child had any serious injuries, accidents or surgeries? If so what and when?

At what age did your child speak his/her first words?

Has your child's hearing been tested recently? If so, by whom and what were the results?

Does anyone else in your family stutter or have a speech/language concerns?

Has your child ever been evaluated or treated for speech/language/fluency before? If so, when and with whom? What were the results? Have you noticed any improvements?

Describe your child's speech as it is now.

Under what circumstances was your child's speech problem first noticed? Who first noticed it?

Why do you think your child stutters?

Has your child's speech/stuttering pattern changed since you first noticed it? \_\_\_\_\_

When you child stutters, what does he/she do (stop talking, continue, etc.)? \_\_\_\_\_

Does your child appear to be aware of his/her stuttering? \_\_\_\_\_

How do others (teachers, relatives, siblings) respond to your child when he/she stutters?

How do you feel when your child stutters? How do you react (tell him/her to slow down, start over, ignore the stuttering, look away)?

Does your child's speech vary from day to day? If so, why do you think it varies? Is today a "good" day, "bad" day or "typical"?

Does your child stutter more in some situations vs. others? If so, can you identify when it changes?

Does your child have to compete to speak at home/school? If so, with whom?

Is there anything else you would like us to know?