



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? \_\_\_\_\_