MZAMENI CHILDREN ASSESSMENT REMEDIAL CENTRE
"EDUCATION IS A GIFT OF LIFE"
Address: 650 Andrew Zondo RD, Amanzimtoti, 4126
Contact No.: 072 649 9102
Tel No.: 031 904 1189
Email:admin@mzamenichildrenremedial.co.za

Child Case History Form

General Information

Name: _____ Date of Birth: _____

Address: _____Code: _____

City: _____ Phone: _____

Does the child live with both parents: _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____Business Phone: _____

Father's Name: _____ Age: _____

Father's Occupation: _____ Business Phone: _____

Referred by: _____ Phone: _____

Address: _____

Pediatrician: _____ Phone: _____

Address: _____

Family Doctor: _____

Address: _____

Brothers and Sisters (include names and ages): _____

_____

Learners Medical Information

Medical Aid Number: _____ _ Medical Aid Name: _____

Medical Aid Main Member: _____ Medical Condition: _____

Special Problems Requiring Counselling: _____

Dexterity of learner: ☐ Right-handed: ☐ left-handed: ☐ Ambidextrous: ☐ Reg. social grant:

Yes☐ No☐ Rec. social grant: Yes ☐ No ☐

The child's Home Language? Language preferred by child.

_____

With whom does the child spend most of his or her time?

_____

_____

Describe the child's speech challenges.

_____

_____

How does the child usually communicate (gestures, single words, short phrases, sentences?)

_____

_____

_____

When the problem was first noticed? By whom?

_____

_____

Did the problem develop due to an illness or a traumatic event in the child's life?

_____

_____

Has the problem changed since it was first noticed?

_____

_____

_____

Is the child aware of the problem? If yes, how does he/she feel about it.

_____
_____
_____

Have any other specialists (physicians, audiologists, psychologists) seen the child? If yes, indicate the type of specialist, when the child was seen and the specialist's conclusions or suggestions.

_____
_____
_____

Is there any other dealing with speech, language, voice or hearing problems in your family? If yes, please describe.

_____
_____

Prenatal and Birth History

Mother's general health during pregnancy (illness, accidents, medications, etc.)

_____
_____
_____
_____

Length of pregnancy: _____ Length of labor: _____

General condition: _____ Birth weight: _____

Circle the type of delivery**:**

- **head first☐**
- **feet first☐**
- **breach☐**
- **Caesarian section☐**

Were there any complications during the pregnancy?

_____
_____
_____