



Background History Form (BHF)

Date: _____

Identifying Information

Child's name: _____

Date of birth: _____

Chronological age: _____

Existing diagnosis (if any): _____

Date of assessment: _____

Parent(s)/guardian(s) name(s) and phone number(s):

GP name and phone number:

Sibling Name	Gender	Age	Any developmental difficulties/diagnosis?

Who does your child live at home with?



Any family history of developmental delays or disorders?

Developmental/Medical History

Pregnancy (e.g. any complications):

Birth (e.g. length of gestation, birth weight, any complications at birth):

Has your child had their hearing tested? YES NO

Results:

Has your child had any previous hospitalisations: YES NO

If Yes, please explain:

Does your child suffer from any of the following:

Epilepsy: YES NO

Ear infections: YES NO

Tonsillitis: YES NO

Chest infections: YES NO



Any other illness: YES NO If Yes, please explain:

Does your child take any regular medications: YES NO

If Yes, please list:

Milestones

At what age did your child crawl? _____

At what age did your child walk? _____

Is your child toilet-trained? _____

Did your child babble when she/he was a baby? _____

Speech, Language and Communication

Is your child verbal? _____

**Please answer the following to the best of your ability relevant to your child's level of speech and language*

At what age did your child say their first word? _____

What was your child's first word? _____

At what age did your child start joining words together to make phrases/sentences? Any examples? (e.g. "mammy drive"; "car go"; "I want a drink")

Do you find it easy to understand what your child is saying? (i.e. speech sounds)



Do non-family members or other unfamiliar listeners understand what your child is saying?
(i.e. speech sounds)

Can you have a to-and-from conversation with your child?

Did your child ever lose speech, language or communication skills after acquiring them i.e. regression of skills?

How does your child communicate with you now? (vocalisations, gestures such as pointing, pulling your clothes/by hand etc)

How does your child let you know if they want or need something, or get your attention?

Does your child use any form of Alternative and Augmentative Communication (AAC)? (e.g. core board, device, PECS, Lámh etc)



Can your child follow instructions at home? (put on your coat/get your shoes/turn on the tv)?

Do you ever think your child has trouble listening or understanding what you or others are saying?

Has your child ever attended any therapy before (SLT, Play Therapy, Art Therapy etc.)?

YES NO

If yes, please explain:

Has your child ever attended any other professional such as occupational therapy or psychology?

YES NO

If Yes, please explain:

What are your main concerns about your child's speech, language, communication?

When did you first notice these concerns?



Have you any other concerns with regard your child’s development?

Educational History

Does your child attend preschool/primary school? YES NO

If yes, where and what class?

Does your child attend mainstream school? YES NO

If no, please provide details: (e.g. ASD unit, early intervention class, home tuition etc.)

Current teacher:

Does your child receive any additional support at school? YES NO

If yes, details:

Additional Information

What country was your child born in?



What language is spoken at home?

Does your child display any sensory aversions? (e.g. brushing teeth/washing hair/cutting hair/bathing etc)

Does your child get easily upset over something small/ever have meltdowns? YES NO

If Yes, please explain:

Do you have any concerns about your child's social skills and peer interactions?

YES NO

Please explain:

Is your child a fussy eater? Any food preferences/aversions?

Does your child feed themselves or do they need help? (use of fingers/cutlery etc.)



Does your child ever cough or get very distressed while eating and drinking?

Does your child drool?



Please return the completed form by post to:

Sensory Space

Unit 5

Dublin Road

Drogheda

Co. Louth A92 XE86

Alternatively, scan and email to: **info@sensoryspace.ie**

If you have any queries, please phone: **041 980 3307**