

**THE HUGHEN CENTER, INC.**  
2849 Ninth Avenue • Port Arthur, Texas 77642  
Phone: (409)983-6659 Fax: (409)983-6408

**Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to [info@hughencenter.org](mailto:info@hughencenter.org) or fax to 409-983-6408.**

**CASE HISTORY**

**Note:** Please complete all information and attach separate sheets for any additional pertinent information. Refer to Baby Book or check with your doctor to Hughen as soon as possible.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religious Preference \_\_\_\_\_

Name of Parents/Guardian \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_ Emergency \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Mother's Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

**FAMILY HISTORY**

Who has legal custody \_\_\_\_\_ When obtain \_\_\_\_\_ What court \_\_\_\_\_ Is child adopted \_\_\_\_\_

Who assumes financial responsibility \_\_\_\_\_ Are Parents  Married  Divorced  Separated

Father's Birthdate \_\_\_\_\_ Religion \_\_\_\_\_ Mother's Birthdate \_\_\_\_\_ Religion \_\_\_\_\_

Father's Education \_\_\_\_\_ Mother's Education \_\_\_\_\_

Is there any handicap, mental illness, or mental retardation on either side of the family \_\_\_\_\_

List names and ages of

Brothers & Sisters	Age	Half-Brother & Sisters	Age	Step-Brother & Sister	Age
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

How does this child get along with siblings \_\_\_\_\_ Where are the other children \_\_\_\_\_

Has placement at Hughen been discussed with child \_\_\_\_\_

Has child ever been away from parents for a week or more \_\_\_\_\_ At what age \_\_\_\_\_ Did child adjust \_\_\_\_\_

## PRENATAL AND BIRTH HISTORY

Does either parent have RH factor \_\_\_\_\_ Which parent \_\_\_\_\_ Miscarriages or Stillbirths \_\_\_\_\_  
Any instrumental births \_\_\_\_\_ Diseases during pregnancy \_\_\_\_\_ Toxemia \_\_\_\_\_  
Any physical injuries or accidents \_\_\_\_\_ Unusual physical or mental strain \_\_\_\_\_  
Duration of pregnancy \_\_\_\_\_ Of labor \_\_\_\_\_ Instruments used \_\_\_\_\_  
What was done to start labor \_\_\_\_\_  
Anesthesia (check one)  ether  gas  chloroform  spinal  caudal anesthesia  twilight sleep  other  
Presentation (check one)  head  traverse  breech  feetling Birth weight \_\_\_\_\_ Length \_\_\_\_\_  
Color at birth (check one)  normal  blue  white  jaundiced How long \_\_\_\_\_ Transfused \_\_\_\_\_  
Was there difficulty initiating breathing \_\_\_\_\_ What was done \_\_\_\_\_  
How long did it take to start respiration \_\_\_\_\_ Oxygen used \_\_\_\_\_ Incubator \_\_\_\_\_  
Length of hospital stay following birth \_\_\_\_\_ Difficulty feeding \_\_\_\_\_  
Born at \_\_\_\_\_ Address \_\_\_\_\_  
Attending physician \_\_\_\_\_ Address \_\_\_\_\_

## DEVELOPMENTAL HISTORY

Please give appropriate age when child:

Held head up _____	Sat alone _____
Crawled _____	Talked _____
Rolled over _____	Pulled up _____
Stood Alone _____	Walked Assisted _____
Walked Alone _____	Toilet Trained _____

At what age was handicapping condition noticed \_\_\_\_\_ Diagnosed \_\_\_\_\_

## HEALTH HISTORY

Give approximate date of each:

Chicken pox _____	Meningitis _____
Diphtheria _____	Poliomyelitis _____
Encephalitis _____	Scarlet Fever _____
Measles _____	Whooping Cough _____
Other _____	

Immunization Dates: (Attach copy of record)

Was handicapping condition noticed before or after any of these \_\_\_\_\_ Which \_\_\_\_\_

History of convulsions, seizures, spasms, epilepsy \_\_\_\_\_ When \_\_\_\_\_

Do they still persist \_\_\_\_\_ Frequency \_\_\_\_\_ Medications used \_\_\_\_\_

On medications presently \_\_\_\_\_ Medication taken & for what reason \_\_\_\_\_

---

History of ear problems \_\_\_\_\_ Respiratory problems \_\_\_\_\_ Digestive problems \_\_\_\_\_

Allergies \_\_\_\_\_ Allergies to medications \_\_\_\_\_

Describe any other health problems or illnesses \_\_\_\_\_

### GENERAL INFORMATION

Can child dress self \_\_\_\_\_ Undress \_\_\_\_\_ Feed self \_\_\_\_\_ Chew solids \_\_\_\_\_

Drink from a glass \_\_\_\_\_ Straw \_\_\_\_\_ Drink average amount of water \_\_\_\_\_

Is appetite good \_\_\_\_\_ Tube feed \_\_\_\_\_ Special diet \_\_\_\_\_ Describe diet \_\_\_\_\_

Take care of bathrooming needs \_\_\_\_\_ Wears diapers \_\_\_\_\_ Subject to constipation \_\_\_\_\_

What is done for constipation \_\_\_\_\_ Does child sleep well \_\_\_\_\_ Fatigue easy \_\_\_\_\_

Need naps \_\_\_\_\_ Which hand does child use \_\_\_\_\_ Has handedness ever change \_\_\_\_\_

Describe personality and disposition \_\_\_\_\_

Is speech intelligible \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Describe equipment used (Braces, crutches, walker, wheelchair, etc.) \_\_\_\_\_

Parent's description of primary handicap \_\_\_\_\_

Parent's estimate of child's mental capacity \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_  
Name Address

Physical, Occupation, & Speech Therapy (list provider, address, frequency) \_\_\_\_\_

Previous surgeries (list type, date, physician, address) \_\_\_\_\_

Family physician \_\_\_\_\_ Address \_\_\_\_\_

Has placement at Hughen been discussed with child \_\_\_\_\_

What are family expectations of Hughen \_\_\_\_\_

What are family expectations of child \_\_\_\_\_

Who referred you to Hughen \_\_\_\_\_

Case history information given by \_\_\_\_\_ Relationship \_\_\_\_\_