



ADULT CASE HISTORY FORM

Date: _____

Identification:

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Name of client: _____

Date of birth: _____ Age: _____ Sex: M _____ F _____

Address: _____

Phone number (home): _____ Phone number (cell): _____

Phone number (work): _____ Email: _____

Spouse: _____

Name and ages of children: _____

Family physician: _____ Phone number: _____

Referring physician: _____

Medical History:

1. List any serious illness, injuries, childhood diseases, and operations. Note changes in speech, language or hearing following these problems.

2. Current medical problems which now relate to your speech and language problem.

3. Are you currently taking any medication? If yes, specify _____

Educational History:

What was the highest level of education completed? Where? _____

Speech and Language History

1. Where were you born? _____

2. Where have you lived most of your life? _____

3. What is your native language? _____

4. What other languages do you speak/understand/read/write? _____

5. Describe your speech problem. _____

6. Describe when it was first noticed and how it has changed from then until now.

7. Is the problem always present? Yes _____ No _____

If not, describe changes (situations, etc.). _____

8. What do you think causes your speech or language problems? _____

9. How is your speech or language problem affecting your social life? _____

10. How has it affected your occupations (choice of, or advancement in)? _____

11. Describe the reactions of:

a. Family: _____

b. Friends: _____

c. Strangers: _____

12. Have you had previous help for your speech or language problem? If yes, please specify. What is helpful? _____

13. Have you attempted to help yourself cope with your problem? If yes, please specify how? _____

14. Is there any additional information you feel will help us in understanding your speech language problem? _____

Client Signature: _____ Date: _____

Clinician Signature: _____ Date: _____