



**SPEECH ADULT - CASE HISTORY FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you:  Single  Windowed  Divorced  Married - Spouse's Name: \_\_\_\_\_

Children: (include their name, gender and age)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who lives in the home?

\_\_\_\_\_  
\_\_\_\_\_

What language(s) do you speak? Which is your dominant language? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the highest grade, diploma or degree you earned? \_\_\_\_\_

**GENERAL INFORMATION**

Describe your speech-language problem.

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What do you think may have caused the problem?

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Has the problem changed since it was first noticed? How?  Yes  No

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Have you seen any other speech-language specialists?  Yes  No

If Yes, When and for how long? \_\_\_\_\_

What were their conclusions or suggestions?

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Have you received any speech therapy while homebound?  Yes  No

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc)?

Yes  No

If yes, indicate the type of specialist, when you were seen and the specialist's conclusions or suggestions.

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Are there any other speech, language or hearing problems in your family?  Yes  No

If yes, please describe:

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**MEDICAL HISTORY**

Provide the approximate ages at which YOU suffered the following illnesses and/or conditions:

Allergies	Asthma	Colds
Dizziness	Draining Ear	Ear Infections
Encephalitis	Headaches	Hearing Loss
High Fever	Influenza	Mastoiditis
Meningitis	Noise Exposure	Otosclerosis
Pneumonia	Seizures	Sinusitis
Tinnitus	Other	

Do you have any eating or swallowing difficulties?  Yes  No  
If yes, please describe:

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List all medications you are taking.

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Are you having any negative reactions to these medication?  Yes  No  
If yes, please describe:

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Describe any major surgeries, operations or hospitalizations and when they occurred.

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Describe any major accidents and when they occurred.

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