

**ADULT FLUENCY CASE HISTORY FORM/ INTERVIEW
CONFIDENTIAL INFORMATION**

Client Name: _____
Date of Birth: _____ Age: _____
Today's Date: _____ Sex: _____
Address: _____
City, State, Zip: _____
Phone (h): _____ (c) _____

Person providing case history information: _____

Referred by: _____

Family Information

Spouse/Partner's Name: _____

Spouse's occupation or former occupation: _____

Number of dependents/children in the home: _____

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background Information

Describe your speech as it is now.

Under what circumstances was your speech problem first noticed? Who first noticed it?

Has your speech/stuttering pattern changed since you first noticed it?

When you stutter, what do you do? (stop talking, continue, etc)

Why do you think you stutter?

How do you feel when you stutter? Physically? Emotionally?

As a child were you late beginning to talk?

Have you ever received therapy for your speech before? If so, what do remember from it? Did you find it helpful?

Does anyone in your family stutter or have a speech/language problem?

Were there any events or accidents that seem to have affected your speech?

Do you have any medical conditions or a remarkable medical history?

Are you taking any medications currently?

Has your hearing been tested recently? If so, by whom and what were the results? Would you be willing to share them with us?

Does your speech vary from day to day? If so, why do you think it varies? Is today a “good” day, “bad” day or typical?

In what situations do you stutter more? Less?

Do you avoid certain speaking situations? If so, what and why?

Do you have to compete to speak at home/work? If so, with whom?

How does your family/ coworkers respond when you stutter?

Do you feel that your speech has impacted your family/social/career choices? If so, in what ways?

Is there anything else you would like us to know?