

**ADULT CASE HISTORY FORM
CONFIDENTIAL INFORMATION**

Client Name _____

Date of Birth _____ Age _____

Date _____ Sex _____

Address _____

City, State, Zip _____

Phone (home _____ (work) _____

Person providing case history information _____

Referred by _____

Family History

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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of the Problem

In your own words, describe your speech/language or hearing problem.

Background Information – History of the problem:

When was the problem first noticed? By whom?

What do you think caused or is causing the problem?

What have you done, if anything, to help the speech/language/hearing problem? (Give names, dates and places if you have received professional help in the past).

Developmental History

Are you aware of any difficulties you might have had when first learning to walk?

Does anyone have difficulty understanding what you say?

Are there any conditions that make the problem seem more or less severe?

Have you received any speech/language evaluations or therapy? If yes, where and when?

Is there a family history of speech/language problems?

Health History:

Medical Care:

Physician _____ Address _____

Others consulted _____

Medical Findings _____

Has your hearing been tested? _____ By whom? _____

Results _____

Has your vision been tested? _____ By whom? _____

Results _____

Are you receiving any medication or treatment now? If so, please describe _____

Illnesses and health problems (check all those that apply)

_____ Asthma

_____ Frequent Colds

_____ Bronchitis

_____ Frequent Headaches

_____ Pneumonia

_____ Ear Infections

_____ High Fevers

_____ Other Infections

_____ Allergies

_____ Seizures

_____ Hypertension

_____ Other (please describe) _____

Have you had any serious injuries or accidents? _____

Other surgery? _____

Do you wear dentures? _____

Social and Emotional Information

Describe any other problems you are having now _____

List your interests/leisure activities _____

Additional Questions

Is there any other information you would like us to know?