FORM 3-2.

Adult Case History Form

General Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Occupation: _____ Business Phone: _____

Employer: _____

Referred by: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Single _____ Widowed _____ Divorced _____ Spouse's Name _____

Children (include names, gender, and ages):

_____

_____

_____

_____

Who lives in the home?

What languages do you speak? If more than one, which one is your dominant language?

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

FORM 3-2. Continued

Describe your speech-language problem.

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Have you seen any other speech-language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

FORM 3-2. Continued

Medical History

Provide the approximate ages at which you suffered the following illnesses and conditions:

Adenoidectomy _____ Asthma _____ Chicken pox _____

Colds _____ Croup _____ Dizziness _____

Draining ear _____ Ear infections _____ Encephalitis _____

German measles _____ Headaches _____ Hearing loss _____

High fever _____ Influenza _____ Mastoiditis _____

Measles _____ Meningitis _____ Mumps _____

Noise Exposure _____ Otosclerosis _____ Pneumonia _____

Seizures _____ Sinusitis _____ Tinnitus _____

Tonsillectomy _____ Tonsillitis _____ Other _____

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking.

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

FORM 3-2. Continued

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____