

ADULT CASE HISTORY INFORMATION FOR SPEECH

Today's Date _____

Name _____ Age _____ Birth date _____

Address _____ City _____ State _____ Zip _____ County _____

Telephone: _____ Cell Phone _____

Place of Employment _____ Work Phone: _____

Marital Status: _____ Number of Children _____

REFERRED BY _____

Primary Care Physician _____ Address & Phone# _____

SPEECH, VOICE AND HEARING HISTORY:Describe your speech, voice and hearing problem _____

Was this the result of:

	Yes	No	Explain-Please say when and the duration of each event
Stroke (CUA)			
Traumatic Brain Injury			
Illness			
MVA			
Neurological Insult			
Other			

Under what circumstances is the problem more noticeable? _____

Has the problem become better or worse? Describe any change _____

Describe the severity of the problem. Does the severity vary? _____

What has been done to treat the problem? _____

What was the result of the treatment or therapy? _____

Do other members of your family have a speech, voice or hearing problem? _____

MEDICAL AND SURGICAL HISTORY:

List below all surgeries and health conditions.

Surgery/ Condition

Explain

Any additional information you feel would be helpful with your evaluation? _____