APPENDIX 1-B Adult Case History Form

General Information

Name:	Date of Birth:
Address:	Phone:
City:	Zip:
Occupation:	Business Phone:
Employer:	
Referred By:	Phone:
Address:	
Family Physician:	Phone:
Address:	And the state of t
Single Widowed Divorced Spous	se's Name
Children (include names, gender, and ages):	
W7 1' ' 4 1 0	2
Who lives in the home?	

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

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

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Have you seen an	y other s	pecialists (ph	ysicians,	psychologists	s, neurologis	ts, etc.)? If yes,	indicate the
type of specialist,	when yo	ou were seen,	and the	specialist's c	onclusions of	or suggestions.	

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

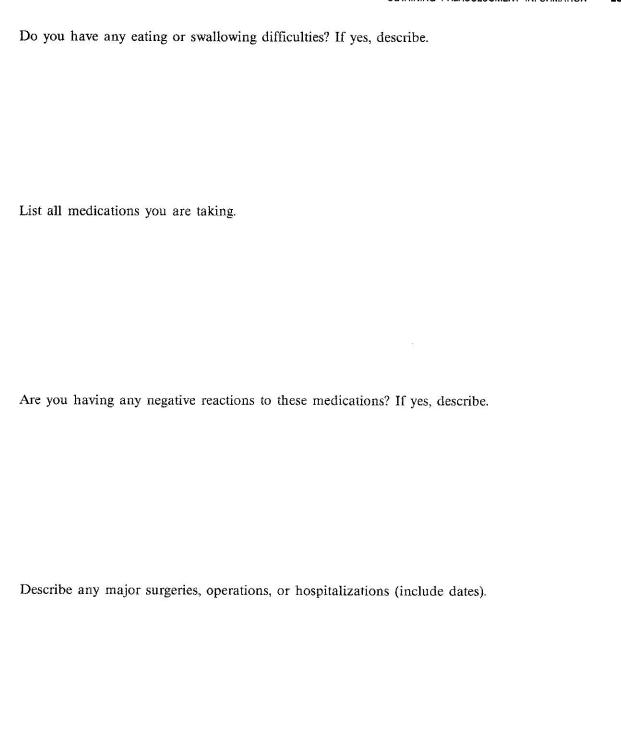
Medical History

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

Adenoidectomy	Allergies	Asthma
Chicken Pox	Colds	Convulsions
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	

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Describ	pe any major accidents.
Provide	e any additional information that might be helpful in the evaluation or remediation process.
1101100	any additional matimation that might be helpful in the evaluation of femediation process.
Dorcor	completing face.
	nship to client:
	Date:
	Dau.