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: _____

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 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?

Have you seen any other specialists (physicians, 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, 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 _____	

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).

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: _____