



Albuquerque **Speech Language Hearing** Center

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SPEECH ADULT CASE HISTORY

Instructions:

Please provide as much information as you can recall for each of the categories below, and bring the completed form with you to your appointment.

Name: _____ DOB: _____
Age: _____ Sex: _____

Address with zip
code: _____

Phone: _____ Responsible
Party: _____

Referred by: _____ Person Completing
Form: _____

Family Information

Spouse name: _____
Age: _____

Spouse occupation/former
occupation: _____

Your occupation/former
occupation: _____

Education: _____

Health: _____

Children in home

<i>Name</i>	<i>Sex</i>	<i>Age</i>	<i>Special</i>
<i>Problems</i>			

Nature of the Problem

◆ Please describe, from your point of view, the speech or language problem:

Background Information

◆ History of the problem:

- When and by whom was the speech/language problem first noticed?

-
-
- What do you think caused, or is causing, the problem?

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

Developmental History

- ◆ Do you know of any difficulties you might have had when first learning to talk?

- ◆ Does anyone have any difficulty understanding your speech?

- ◆ Does anyone else in your family have a speech or language problem?

Health History

◆ Medical Care:

Primary Physician: _____ Phone
number: _____

Address (include zip
code): _____

Other physicians/specialists
consulted: _____

◆ Medical Findings:

Has your hearing been tested? Y/N: _____ By
whom: _____

Findings (if
known): _____

Have your eyes been examined? Y/N: _____ By
whom: _____

Findings (if
known): _____

If you are receiving medical treatment or taking medication of any kind, please note:

◆ Illnesses and Health Problems (check all that apply):

Asthma Bronchitis Frequent colds Pneumonia High fevers

Frequent headaches Ear infections Seizures Allergies Hypertension

If you have any other medical problems, please list
here: _____

○Have you had any serious injuries or accidents? Please explain:

○Have you ever been hospitalized? Please explain:

○Please list any/all surgeries:

○Do you wear dentures? Yes No

○Do you wear glasses? Yes No

○Do you wear a hearing aid? Yes No

Social and Emotional Development

◆ Describe any other problems you are having at this time:

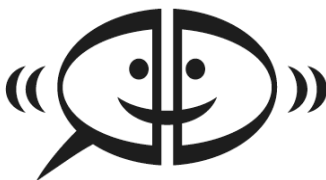
◆ List your interests and leisure activities:

Additional Questions

◆ What do you consider to be your greatest problem right now?

◆ Do you have any other comments that you feel might be helpful to us?

◆ Do you have any particular questions you would like to ask us?



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RELEASE OF INFORMATION

I, _____, hereby authorize the Albuquerque Speech, Language, and Hearing Center to release information regarding the diagnosis and/or treatment of _____ to:

Release to *(please print name and address)*:

- Specialist _____
- Other _____
- Other _____

I understand that copies of diagnostic and progress reports are sent to referring physicians, psychologists, and appropriate insurance companies in conjunction with filing procedures. I also understand this release of information will remain in effect until I notify the Albuquerque Speech, Language and Hearing Center in writing of any changes or cancellations.

Signature _____

Relationship to Patient _____

Date _____

Witness _____

Date _____