



Albuquerque **Speech Language Hearing Center**

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: _____

How did you hear about us? _____

Family Information

Spouse Name: _____ Age: _____

Spouse Occupation/Former Occupation: _____

Your Occupation/Former Occupation: _____

Education: _____

Health: _____

Children in Home

Name	Sex	Age	Special Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 have 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 specific questions you would like to ask us? _____



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RELEASE OF INFORMATION

I, _____, hereby authorize the Albuquerque Speech Language 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 Hearing Center in writing of any changes or cancellations.

Signature: _____

Relationship to Patient: _____

Date: _____

Witness: _____

Date: _____