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## **ADULT CASE HISTORY FORM**

Date:				
<u>Identification:</u>				
- Name of client:				
Date of birth:	Age:	Sex: M	F	
Address:				
Phone number (home):	Phone nur	mber (cell):		
Phone number (work):	Email:			
Spouse:				
Name and ages of children:				
Family physician:	Phone nu	mber:		
Referring physician:				
Medical History:				
<ol> <li>List any serious illness, injuries, childhood diseases, and operations. Note changes in speech, language or hearing following these problems.</li> </ol>			changes in	

What was the highest level of education completed? Where?  Speech and Language History  1. Where were you born?  2. Where have you lived most of your life?  3. What is your native language?					
3. Are you currently taking any medication? If yes, specify					
3. Are you currently taking any medication? If yes, specify					
3. Are you currently taking any medication? If yes, specify	2.	Current medical problems which now relate to your speech and language problem.			
3. Are you currently taking any medication? If yes, specify					
Educational History:  What was the highest level of education completed? Where?  Speech and Language History  1. Where were you born?  2. Where have you lived most of your life?  3. What is your native language?  4. What other languages do you speak/understand/read/write?	3.				
What was the highest level of education completed? Where?  Speech and Language History  1. Where were you born?  2. Where have you lived most of your life?  3. What is your native language?  4. What other languages do you speak/understand/read/write?					
<ol> <li>Where have you lived most of your life?</li></ol>					
Speech and Language History  1. Where were you born?  2. Where have you lived most of your life?  3. What is your native language?  4. What other languages do you speak/understand/read/write?	<u>Educa</u>	utional History:			
Speech and Language History  1. Where were you born?  2. Where have you lived most of your life?  3. What is your native language?  4. What other languages do you speak/understand/read/write?	Mhat v	was the highest level of education completed? Where?			
<ol> <li>Where were you born?</li> <li>Where have you lived most of your life?</li> <li>What is your native language?</li> <li>What other languages do you speak/understand/read/write?</li> </ol>	vviiat v	was the highest level of education completed: vinere:			
<ol> <li>Where have you lived most of your life?</li></ol>	Speec	h and Language History			
3. What is your native language?  4. What other languages do you speak/understand/read/write?	1.	Where were you born?			
4. What other languages do you speak/understand/read/write?	2.	Where have you lived most of your life?			
	3.	What is your native language?			
5. Describe your speech problem.	4.	What other languages do you speak/understand/read/write?			
	5.	Describe your speech problem.			

6. Describe when it was first noticed and how it has changed from then until now.

	problem always present? Yes No
If not, o	describe changes (situations, etc.).
What o	lo you think causes your speech or language problems?
How is	your speech or language problem affecting your social life?
	as it affected your occupations (choice of, or advancement in)?
. Descril	pe the reactions of:
. Descril	
. Descril a.	pe the reactions of: Family:
. Descril a.	pe the reactions of:
a.	pe the reactions of: Family: Friends:
a.	pe the reactions of: Family:
a.	pe the reactions of: Family: Friends:
b.	pe the reactions of: Family: Friends:

13. Have your attempted to help yourself cop	pe with your problem? If yes, please specify
how?	
14. Is there any additional information you fe	el will help us in understanding your speech
language problem?	
ent Signature:	Date:
nician Signature:	Date: