



Georgia State University Speech-Language-Hearing Clinic
 Communication Sciences and Disorders Program
 Georgia State University
 P O Box 3979
 Atlanta, GA 30302-3979
 (404) 413-8044

Adult Case History (18 years and older)

Please answer all questions as completely as possible. The information you provide is very helpful in planning your evaluation/therapy.

Name: _____ Date: _____

Date of birth: _____ Age: _____ Ethnicity: _____ Gender: _____

Home Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Can we contact you at work? Yes _____ No _____

Do we have permission to leave specific client information and appointment details on your home or cell phone? Yes _____ No _____

Language(s) you speak: Primary _____ Secondary _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Spouse/Significant Other:

Name: _____ Age: _____ Occupation: _____

Children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Referred to Clinic by: _____

Name of person completing this form: _____

Relationship: _____

Emergency contact: _____ Phone: _____

Speech and Language History

1. Why are you seeking an evaluation at our Clinic?

2. Please describe your communication difficulty and any related problems.

3. When was your communication difficulty first noticed and by whom?

4. What do you think caused your communication difficulty?

5. Does your communication difficulty ever become worse? In what situations?

6. Do you avoid specific situations due to your communication difficulty? Please explain.

7. How has your communication difficulty affected your life?
Personal: _____
Social: _____
Educational/Occupational: _____

8. What steps have you taken to try to improve your speech or language difficulty?

9. Have you ever received speech/language services? If yes, please complete information below.

<u>Dates of Service</u>	<u>Type of Service</u>	<u>Name of Speech-Language Pathologist/Facility</u>
_____	_____	_____
_____	_____	_____
10. Have you consulted any other professionals (physician, neurologist, psychologist, audiologist, etc.) regarding your communication difficulty? If yes, please explain.

11. If you speak more than one language and had a stroke, which language is easier for you to speak now?

Medical History

1. Describe your current health: Excellent _____ Good _____ Fair _____ Poor _____
If "fair" or "poor" please explain.

2. Did a medical condition or event that led to your communication difficulty? Yes ____ No ____
If yes, provide event and date of onset.

3. Please list your physicians' names, specialty areas, facility names, and phone numbers.

<u>Name</u>	<u>Specialty</u>	<u>Facility</u>	<u>Phone Number</u>
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4. Please check all illnesses/conditions you have or have had in the past:

	Yes		Yes		Yes
Allergies (food, latex, seasonal)		Head injury		Mental health disorder (anxiety, depression, etc.)	
Asthma		Hearing impairment		Mumps	
Bronchitis		Heart problems		Muscle weakness	
Chronic colds		High fever		Paralysis	
Chronic laryngitis		HIV positive/AIDS		Pneumonia	
Chronic sinus infections		Hepatitis A		Seizures	
Cleft palate		Hepatitis B		Sickle cell	
Dental problems		Hepatitis C		Surgery	
Diabetes		Immune disorder		Swallowing difficulty	
Difficulty chewing		Impaired coordination/balance		Tremors/twitching	
Encephalitis		Loss of consciousness		Visual impairment	
German measles		Meningitis		Other	

If you have experienced any of the difficulties listed above, please explain.

5. Are you currently taking any medications? If yes, please list name and purpose of medication.

6. Have you recently had a change in your health? If yes, please explain.

7. Do you smoke (cigarettes or cigars)? Yes ___ No ___
If yes, amount per day _____

8. Do you drink alcoholic beverages? Yes ___ No ___
If yes, amount per day _____

9. Have you ever received physical or occupational therapy? If "yes," provide information below.
Dates of Service Type of Service Name of Therapist/Facility

10. What was the reason for the therapy and the result?

Educational History

1. Please list the schools you have attended and the degrees you obtained.

School Dates Highest Degree Attained/In Progress

2. Did you have difficulty learning to read or spell? Yes ___ No ___
If yes, please explain.

3. Did you have other academic difficulties? Yes ___ No ___
If yes, please explain.

Employment History

1. Are you currently employed? Yes _____ No _____
2. Occupation: _____
3. Current or Last employer: _____
4. Length of employment at current or last job: _____
5. Please describe the reaction of your boss and co-workers to your communication difficulty.

Personal Information

1. Does anyone in your family have a speech, language, or hearing impairment? Please explain.

2. Have any family members ever received speech and language therapy? Please explain.

3. Describe your hobbies and special interests.

Additional Comments

*Please provide any additional information which you think might be helpful
in evaluating your speech and language skills.*

Please return this form to:

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