



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: \_\_\_\_\_

### **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: \_\_\_\_\_

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***Background Information***

History of the problem: \_\_\_\_\_

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

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

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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. \_\_\_\_\_

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***Developmental History***

Do you know of any difficulties you might have had when first learning to talk? \_\_\_\_\_

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Does anyone have any difficulty understanding your speech? \_\_\_\_\_

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Does anyone else in your family have a speech or language problem? \_\_\_\_\_

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**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Albuquerque **Speech Language Hearing** Center

## 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: \_\_\_\_\_