

CASE HISTORY FORM-ADULTS

PATIENT

Name: _____ Date of Birth: _____ Age: _____ Sex: ____

Address: _____ City _____ State _____

Home phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Work Address: _____ Education: _____

Person who referred you: _____ Occupation: _____

Address: _____

Your physician: _____ Phone: _____

Address: _____

Reason for referral: _____

List places you have had previous evaluations or therapy:

<u>Name</u>	<u>Address</u>	<u>Date</u>
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FAMILY

Spouse's full name: _____ Date of Birth _____

Employer: _____ Occupation: _____

<u>Children in Family</u>	<u>Age</u>	<u>Communication problem, if any</u>
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Do any other family members have a speech or language problem? If so, please state relationship to you and describe: _____

MEDICAL

Are you currently on any medication? If so, please list and explain reason for each medication: _____

Please describe any medical conditions which have been diagnosed. _____

Please list any past hospitalizations or surgeries. _____

INFORMATION ABOUT YOUR COMMUNICATION DISORDER

What is your speech or language problem? _____

What do you think caused your problem? _____

What, if anything, have you been told is the cause of your problem? _____

How long have you had this difficulty? _____

How has it changed in the: last 5 years _____

last 1 year _____

last 6 months _____

Does anything make your speech or language problem better or worse? If so, please explain. _____

Describe any problems resulting from your speech or language problem with your:

Job _____

Family _____

Social life _____

What would you like to learn from an evaluation? _____

What do you hope to gain from therapy? _____

Are there any other issues you wish to mention or questions you wish to have answered?

Signature of person filling out this form _____

Relationship to patient _____ Date _____

Please return this form to:

**TKL Speech and Language Services
7623 Dunleer Way
Dallas, Texas 75248**