

CASE HISTORY FORM

IDENTIFYING INFORMATION

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent if a Minor: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h), \_\_\_\_\_ (0)

Referred by: \_\_\_\_\_

Occupation: \_\_\_\_\_

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COMPLAINT

1. Why-did you come to this Clinic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH HISTORY

A. List below 1) major illnesses, diseases, or operations- 2) age at the time of each; and 3) resulting health complications or handicaps.

Illnesses/diseases/accidents	Age	Resulting handicaps
_____		
_____		
_____		

B. Were you hospitalized for any of the above conditions?

No \_\_\_\_\_ Yes \_\_\_\_\_

If so, where? \_\_\_\_\_

For how long? \_\_\_\_\_

C. Have you received , or are you now receiving rehabilitation treatment such as radiation therapy, physical therapy, occupational therapy, or psychological therapy? Describe the reason for type, duration and results of treatment:

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D. Are you currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_

For what? \_\_\_\_\_

E. Are You currently taking any kind of medication? No \_\_\_\_\_ Yes \_\_\_\_\_

What kind? \_\_\_\_\_

For what? \_\_\_\_\_

How much? \_\_\_\_\_

How often? \_\_\_\_\_

F. Do you have any known allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

G. Have You had any seizures? No \_\_\_\_\_ Yes \_\_\_\_\_

How often? \_\_\_\_\_

When was the most recent seizure? \_\_\_\_\_

H. Do you have any known-hearing problems? No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

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Hearing aid worn? No \_\_\_\_\_ Yes \_\_\_\_\_

I. Do you have any visual problems? No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

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SPEECH/LANGUAGE HISTORY

1. Is English your native language? No \_\_\_\_\_ Yes \_\_\_\_\_
2. Describe the onset of your speech disorder. (will be tape recorded)
3. Have you ever had speech therapy before? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes; (a) How long has it been since you completed your last speech therapy? \_\_\_\_\_ years \_\_\_\_\_ months.

- (b) Please describe the nature of the previous speech therapy (i.e. what were you taught to do?)

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(c), How would you describe your speech problem today as compared to how it was just before the most successful speech therapy you have ever received? (Check one)

- \_\_\_\_\_ Worse
- \_\_\_\_\_ About the same
- \_\_\_\_\_ Better

4. Are you able to use targets or controls that will ordinarily improve your speech fluency? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, would you please describe those targets or controls?

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EDUCATIONAL/PROFESSIONAL HISTORY

1. Last school attended \_\_\_\_\_

2. Present grade or highest grade completed: \_\_\_\_\_

If a student are there any difficult subject areas?

\_\_\_\_\_

Future vocational goals? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, describe:

\_\_\_\_\_

3. Present Profession: \_\_\_\_\_

SOCIAL HISTORY

1. Marital status: \_\_\_\_\_

2. Others in the home: \_\_\_\_\_

3. Leisure activities: \_\_\_\_\_

4. Do you smoke cigarettes? \_\_\_\_\_