# Adult Case History Form

**General Information**

Name: Date of Birth:

Address: Phone:

City: Zip Code:

Occupation: Business Phone:

Employer:

Referred by: Phone:

Address:

Family Physician: Phone:

Address:

Single Widowed Divorced Spouse's Name:

Children (include names, gender, and ages):

Who lives in the home (parents, siblings, friends)?

What languages do you speak? If more than one, which one is your dominant language?

What is the predominant language you speak at home?

What is the predominant language you speak in other settings (e.g., work, social settings, gym, religious)?

In what countries, cities, and states have you lived? For how long?

What was the highest grade level, diploma, or degree you earned?

How difficult is it for you to learn new skills?

Describe your speech–language problem.

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Have you seen any other speech–language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

**Medical History**

Provide the approximate ages at which you suffered the following illnesses or conditions:

Adenoidectomy Asthma Chicken pox

Colds Croup Dizziness

Draining ear Ear infections Encephalitis

German measles Headaches Hearing loss

High fever Influenza Mastoiditis

Measles Meningitis Mumps

Noise exposure Otosclerosis Pneumonia

Seizures Sinusitis Tinnitus

Tonsillectomy Tonsillitis Other

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking.

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form:

Relationship to client:

Signed: Date:

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