

Speech Adult Case History Form



The intake paperwork will take approximately 25-30 minutes for completion.
Please complete all sections prior to your first appointment.
Thank you for being a part of Speech For Success, PLLC.

** indicates a required field*

*** What is your full legal name?**

*** What is your date of birth? Month/Date/Year ex. (01/01/1990)**

Please provide your full mailing address.

Please provide your mobile contact number with area code.

Please provide your preferred email address.

Referring Physician (If not applicable, please write N/A.)

Please provide your current occupation. If unemployed or retired, please respond N/A.

What is your highest level of education? Circle one.

High School Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

Some Post-Graduate Work

School presently attending. (If applicable)

What is your native language? (Spoken at home)

English Spanish Mandarin Korean French Other:

Please indicated any secondary languages in which you have conversational mastery.

English Spanish Mandarin Korean French Other:

Is this related to Labor and Industries? Circle one.

Yes No

If yes to the above question. What is your claim number and case managers contact information?

General Information

* Describe the speech-language problem. What prompts you to seek service?

* What do you think may have caused the problem?

Has the problem changed since it was first noticed? (e.g. improved or worsened)

Have you seen any other specialist? (e.i. physicians, audiologist, psychologist, neurologist). Circle one.

Yes No

If yes to the previous question, indicate the type of specialist, when and where you were seen and the specialist's conclusion or suggestions of your care.

Medical History

Do you have or have you had any eating or swallowing difficulties?

Yes No

If yes to the previous question, please describe.

Do you have or have you had any problems with your breathing?

Yes No

If yes to the previous question, please describe.

Do you have or have you had any problems with vocal quality?

Yes No

If yes to the previous question, please describe.

Have you had any swallow studies, MRIs, CT, or other medical testing reports?

Yes

No

If yes to the previous question, please describe.

Please list any serious injuries, high fevers, seizures, hospitalizations, surgeries, neurological events or diseases, physical handicaps, or other medical information that you think may be relevant. Please give dates or approximate ages for each event.

Please describe any problems with your teeth, tongue, mouth, ears, nose, or throat:

Describe any vision or hearing problems you may have.

Please list any medications you are taking. Please include dosages, frequency of medication, and reason for medications. If not applicable, please reply, N/A.

Family, Social, and Educational Information

Do you have, or have you ever had, any school or learning difficulties?
If so, please describe.

Do you have, or have you ever had, problems with memory or thinking?

Yes No

If yes to the previous question, please describe.

Please use this space to inform us of anything else you feel it is important that we know.

* Emergency Contact Name and Number:

Thank you for your time, and the care with which you completed this form.

* I verify that the information provided is complete to the best of my knowledge.

Please sign above

I consent to sharing information provided here.