



ADULT CASE HISTORY FORM

TODAY'S DATE: _____ **PERSON COMPLETING:** _____

I. Background information

Name _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Physical Address: _____

Email Address: _____ Telephone: _____

Other Telephone Numbers: _____

If this is an evaluation, what questions would you like answered?

II. Family Information

Spouse or Partner Name: _____ Legal Status: _____

Occupation: _____ Employer: _____

School: _____

Family Members Residing in Household: _____

Children Not Residing in Household: _____

Languages spoken at home: _____

III. Medical History

Your Physician: _____ Address: _____

Have you been seen by other medical specialists, such as a psychologist, neurologist, eye doctor, Ear Nose and Throat specialist or Audiologist? _____

Have you had a hearing test? _____ When/where/results? _____

Is there a history of hearing loss in the family? _____

Do you have frequent ear infections, ringing in the ears or dizziness? _____

Have you had any serious injuries or hospitalization? _____

Do you have any allergies? _____

Do you have any medical conditions? _____

Are you on any medications? _____

Have you had speech therapy in the past or a speech language evaluation? If so, where and when? _____

IV. Early Developmental History

Did you have any difficulty acquiring developmental skills, such as crawling, walking, eating or talking?

Which hand do you prefer to use? _____

Including infancy and childhood, were there any difficulties with sucking, swallowing, breast or bottle feeding, eating or drinking liquids? _____

Do you cough frequently when eating or drinking? _____

Do you have any known impairment of the tongue, palate, nose, throat, ears, cheeks, gum or lips? _____

Have you ever had a speech language evaluation or therapy? _____

Is there family history of any speech, language or learning problem? _____

V. Social History

Please describe your favorite leisure activities: _____

Please describe your temperament and personality: _____

How do you get along with family members and friends? _____

VI. Educational History

How did you do in school? _____

List the schools that you have attended below:

School Name	Grades/Highest Degree
_____	_____
_____	_____
_____	_____
_____	_____

VII. Vocational History

Current Job: _____ Employer: _____

Describe your job: _____

Tell me about what kinds of work that you have done in your adult life. If you are retired, when did you retire? What kind of work do or did you most enjoy? _____

VIII. Learning and Communication

Please describe the learning or communication difficulty that brings you to Cape Cod Speech and Language. If you are coming for therapy, what goals do you have? _____

Please describe your learning style, or the way that you learn best. Describe your ability to attend and concentrate: _____

What strategies, techniques, programs or activities have appeared to help your communication difficulty? _____

Thank you for taking the time to provide this history about yourself. The information will be especially helpful in getting to know you. Please feel free to discuss in person, any aspect of your profile. Please feel free to add any additional written comments that you feel would be beneficial for us to know.