Adult Case History

General Information	1:		
Name:		Date of Birth:	
Address:		Phone:	
City:		Zip:	
Occupation:		Business Phone:	
Employer:			
Referred By:			
Family Physician:		Phone:	
Address:			
Single Widowed	Divorced Spouse=	s Name:	
Children:			
Name	Gender	Ages	
Who lives in the hom	e:		
What language do you	a speak? If more than one,	which one is your primary languag	ge?

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? Yes No If so, who and Name: Date: What were their conclusions or suggestions?	when?
Have you seen any other specialists (physicians, psychologists, neurologists, etc.)? If ye indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.	·S,
Are there any other speech, language, learning, or hearing problems in your family? If y please describe.	es,

List all medications you are taking.				
1	5			
2.	6			
3	7			
4.	8			
Are you having any negative reactions to these medications? If yes, describe.				
Describe any major accidents.				
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	nat might be helpful in the evaluation or remediation			

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

Medical History: Please check if you have or have had any of the following:

Adenoidectomy	Head Injury
Chicken Pox	Hearing problems
Colds	High Fever
Coordination problems	Influenza
Croup	Mastoiditis
Difficulty Swallowing	Meningitis
Dizziness	Mumps
Draining Ear	Noise Exposure
Ear Infections	Seizures
Emotional problems	Speech/Language problems
Encephalitis	Substance Abuse
German Measles	Tinnitus
Headaches	Tonsillectomy

Person completing forms: _	
Relationship:	
Signed:	Date:

The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.