

UCA Speech-Language Hearing Center
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APHASIA CASE HISTORY

General Information

Name: _____ Birthdate _____ Gender _____

Address: _____ Phone: _____

Person filling out this form _____
(name and relationship to client)

Address _____ Phone _____ Date _____

Person(s) or agency who referred you to the Clinic _____

Personal and Family History

Marital status: single __ married __ separated __ divorced __ widowed __ remarried __

Spouses address _____ Phone _____

Children:	Names	Addresses	Ages
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Grandchildren: Number _____ Ages _____

Medical Information

Date of injury (accident, illness, stroke) _____

What caused the injury _____

Was the client unconscious? _____ If yes, for how long? _____

Was the client paralyzed? _____ Describe _____

Did the client have convulsions? _____ Have they been controlled? _____

Does the client complain of dizziness, fainting spells, headaches? _____

Does the client have any visual or hearing problems? _____

Has the client been treated for other illnesses? _____ heart condition _____

Stroke _____ others _____

Name and address of physician _____

Has the patient been seen for any of the following services:

	<u>Date</u>	<u>Personal/Agency</u>	<u>Address</u>
Speech Therapy	_____	_____	_____
Psychological Counseling or Testing	_____	_____	_____
Vocational Coun- seling	_____	_____	_____
Physical Therapy	_____	_____	_____
Occupational Therapy	_____	_____	_____

Speech & Language Information

Describe what the client's speech was like at the onset of the problem _____

How has it changed? _____

Check the appropriate column as it applies to the client now. Add comments on the right side if needed to explain the answers.

Can Cannot

- | | | |
|-----|-----|--|
| ___ | ___ | Indicate meaning by gesture |
| ___ | ___ | Repeat words spoken by others |
| ___ | ___ | Uses none or a few words over and over |
| ___ | ___ | Uses emotional speech (swear words); (counts or uses other words that occur in a series, days of week prayers) |
| ___ | ___ | Uses some words spontaneously |
| ___ | ___ | Says short phrases |
| ___ | ___ | Says short sentences |
| ___ | ___ | Follows requests and understands directions |
| ___ | ___ | Follows radio and television speech if short, simple |
| ___ | ___ | Reads signs with understanding |
| ___ | ___ | Reads numbers with understanding |
| ___ | ___ | Reads single words |
| ___ | ___ | Reads newspapers, magazines |
| ___ | ___ | Tells time |
| ___ | ___ | Copies numbers, letters |
| ___ | ___ | Writes name without assistance |

- ___ ___ Writes single words
- ___ ___ Writes sentences, letters
- ___ ___ Does simple arithmetic
- ___ ___ Personal care (dressing, shaving, etc.)
- ___ ___ Handles money

How did the client react when he discovered that speech was difficult? _____

What was your reaction? _____

What do you do when the client cannot answer or when he/she tries to talk? _____

How does the client react when he/she cannot say what he/she wants to? _____

How does the client respond to personal contacts other than family members (friends, work associated)? _____

Personal and Social Information

A. Before the injury:

Where did the client spend his/ her childhood? _____

Where did he/ she go to school? _____

How far did he/she go in school? _____

What is his/her occupation? _____ Did he/she like his/her work? _____

How long has he/she worked at this job? ____ What other work has he/she done? ____

(give dates and length of time)

What is the client's native language? _____ Does he/she speak any other? _____

What hobbies or special interests does he/she have? _____

What did he/she like to read? _____

Which television programs did he/she enjoy? _____

Did he/she do much writing? (if so, what kind?) _____

Which hand did he/she prefer? _____

Describe the client's personality before the injury: _____

Nervousness _____

Shyness _____

Moods _____

Getting along with others _____

Meeting problems: gave up easily _____ kept on trying _____ other _____

B. After the injury:

How has the client reacted to the injury? _____

What seems to bother him/her the most? _____

What personality changes have you noted? _____

What is his/her attitude toward speech therapy? _____

Has the physician talked to you about the client's speech difficulty? _____

Any further information which may aid in the examination _____

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.

