West Tennessee Hearing & Speech Center

ADULT CASE HISTORY – SPEECH & LANGUAGE

Primary Care Physician _____ **Date of Evaluation**_____

Name_____**Age**_____**Birthdate**_____

Occupation: _____ **Do you currently work? YES or NO Employer:** _____

Highest level of education (grade or degree) completed: _____ **Referred by** _____

MEDICAL HISTORY: please check all that apply. Please provide the dates where applicable

- ☐ Heart attack
- ☐ Heart troubles
- ☐ Hypertension
- ☐ Diabetes
- ☐ Stroke
- ☐ Chronic laryngitis
- ☐ Acid reflux
- ☐ Ear infections
- ☐ Meningitis
- ☐ Seizures
- ☐ Head injury
- ☐ Neurological conditions
- ☐ Allergies
- ☐ Cancer
- ☐ Head/neck cancer
- ☐ Shingles
- ☐ Bronchitis
- ☐ COPD
- ☐ Sinusitis
- ☐ Tuberculosis
- ☐ Pneumonia
- ☐ Asthma
- ☐ Thyroid issues
- ☐ Arthritis
- ☐ Hearing loss
- ☐ Cerebral palsy
- ☐ Intellectual deficits
- ☐ Cleft palate
- ☐ Chronic colds
- ☐ Facial nerve palsy
- ☐ Emotional or psychological issues
- ☐ Multiple sclerosis
- ☐ Huntington's or Parkinson's Disease
- ☐ Voice issues or changes
- ☐ Vocal polyps or nodules
- ☐ Vison Loss/Glasses
- ☐ Hearing Eval: _____

What is your current state of health? ☐ Excellent ☐ Average-fair ☐ Poor

Do you use any assistance devices such as a wheelchair, walker, or cane? _____

SPEECH, VOICE AND HEARING HISTORY: Was this the result of:

	YES	NO	Explain- Please say when & the duration of each
Stroke (CVA)			
Traumatic Brain Injury			
Illness			
Car Accident			
Neurological Insult			
Other			

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Symptom	Never	Sometimes	Frequently
Difficulty swallowing			
Difficulty expressing thoughts			
Difficulty being understood by others			
Difficulty understanding what others are saying to you			
Orientation/memory			
Problem solving			
Focusing/attention			
Reading/writing			
Finding words			
Maintaining topic of conversation			
Fluent speech (stuttering)			
Following directions			
Oral motor weakness (weakness, difficulty coordinating tongue, cheeks, lips, etc.)			
Voice difficulties			

Are there any other difficulties besides what is listed above?

When was this problem first noticed?

Did the problem begin suddenly or develop over time?

Have you been seen by any other rehabilitation professionals?

- ☐ **Speech therapy**: where: _____ when: _____
- ☐ **Physical Therapy**: where: _____ when: _____
- ☐ **Occupational Therapy**: where: _____ when: _____
- ☐ **Other**:

Does this speech-language difficulty impact your ability to function in daily life?

How or where does the speech-language difficulty impact you the most?

What do you hope to get out of speech-language therapy?