

# Speech Pathology Solutions, LLC

## Adult Case History Form

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Single  Widowed  Divorced  Spouse's Name

Children (include names and ages)

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Who lives in the home? What Languages are spoken in the home? What is the primary language?

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What was the highest grade, diploma, or degree earned?

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Describe your speech-language problem.

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Have you seen any other Speech – Language Pathologists ? Who and When? What were their conclusions or suggestions?

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Have you seen any other specialists? If yes indicate type, when you were seen and their conclusions or suggestions?

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### Medical History

Provide the approximate ages at which you suffered the following illness and conditions:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Cancer \_\_\_\_\_

CHF \_\_\_\_\_ Colds \_\_\_\_\_ Convulsions \_\_\_\_\_

COPD \_\_\_\_\_ Dizziness \_\_\_\_\_ Draining Ear \_\_\_\_\_

Ear Infections \_\_\_\_\_ Encephalitis \_\_\_\_\_ Headaches \_\_\_\_\_

High Fever \_\_\_\_\_ Influenza \_\_\_\_\_ Mastoiditis \_\_\_\_\_

Measels \_\_\_\_\_ Multiple Sclerosis \_\_\_\_\_ Parkinson's \_\_\_\_\_

Pneumonia \_\_\_\_\_ Seizures \_\_\_\_\_ Sinusitis \_\_\_\_\_

Stroke \_\_\_\_\_ Tinnitus \_\_\_\_\_ Tonsillitis \_\_\_\_\_

Other \_\_\_\_\_

Have you had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement, etc.)?

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Describe any major accidents or hospitalizations.

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List any medications you are taking.

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Are you having difficulty swallowing? If yes, describe.

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Person completing form: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_