Speech and Language Clinic at SUNY Geneseo
Sturges 212
One College Circle
Geneseo, New York 14454
585-245-5332

SPEECH-LANGUAGE CASE HISTORY FORM for ADULTS

Your prompt completion of this document is necessary so we can be thoroughly prepared for your evaluation. Please return within two weeks of your scheduled appointment. Thank you very much.

Type of Evaluation Requested (circle all that apply):

Articulation Language Fluency Voice Pragmatics (social language)

Date Form Completed: _____ Referred by: _____

I. IDENTIFICATION

Name: _____ Date of Birth: _____ Gender: _____

Address: _____
(Street/Route) (City/State) (Zip)

Phone: _____ Phone: _____ Education Level:_____
(Home) (Cell or Work)

Place of Employment: _____ Occupation: _____

Physician: _____
(Address)

II. SPEECH, LANGUAGE, HEARING AND MEDICAL HISTORY

Describe your communication difficulties. What has been bothering you that prompted you to call the Speech and Hearing Clinic? _____

_____

Who first noticed the difficulty and when? _____

What do you believe has caused the speech-language difficulty?_____

_____

Has the communication difficulty become better or worse? Better Worse Stayed the Same
Describe any changes. _____

_____

Is there a family history of speech, language, fluency, voice, or hearing problems? Yes No
Please explain._____

_____

Your voice is: normal ( ) hoarse ( ) too high ( ) too low ( ) too loud ( ) too soft ( )

Is your speech difficult to understand? Yes No

Would you consider your typical rate of speech to be: normal ( ) slow ( ) somewhat fast ( ) fast ( )

Have you ever had a speech-language evaluation (if yes, include date)? Yes No _____

Have you ever had a hearing evaluation (if yes, include date)? Yes No _____

What were the results of the hearing evaluation? _____

Do you currently wear a hearing aid? Yes No Do you feel its use has been beneficial? Yes No

Have you received any help with your speech-language difficulty? (e.g., speech-language therapy, help or suggestions from doctors, relatives, friends, etc.) Yes No If yes, describe the help. _____

_____

What have you done to try to improve your speech-language difficulty? _____

_____

_____

What special needs or diagnoses do you have, if any, that may be helpful for the evaluators to know (e.g., learning disability, attention deficit/hyperactivity disorder, developmental disability, etc)?

_____

What medications do you take regularly? _____

_____

Have you had any recent illnesses? Yes No If yes, please explain._____

_____

Please add any information you feel might be helpful in the evaluation or treatment of your speech-language difficulty. _____

_____

_____

_____

Person completing the form: _____

Relationship to the person being evaluated:_____

Signed: _____ Date:_____