



Adult Case History Form

Date: _____

Name: _____ DOB: _____

Occupation: _____

Have you been tested or evaluated before? Yes No
If yes, when and where?

What language(s) do you speak?

What is your primary language?

Describe your current speech language or hearing problem:

When did you first notice the problem?

What do you think caused the problem?

Has the problem changed since you first noticed it? If so, how?

How has your communication problem affected your life?

List other speech language specialists or audiologists you have seen and describe their conclusions or recommendations:

List all prescription and nonprescription medication used during the past year:

Describe any eating or swallowing difficulties you may have experienced:

List any major accidents, illnesses, surgeries, or hospitalizations (include dates):

Provide any additional information that you think may be helpful in the evaluation or remediation process:

Person Completing this Form: _____

Relationship to Patient: _____