WELCH-SCHMIDT CENTER FOR COMMUNICATION DISORDERS
MARTIN 34
WARRENSBURG, MISSOURI 64093
660-543-4993

ADULT SPEECH-LANGUAGE CASE HISTORY

* All information is for the confidential use of our clinic staff.

Date:____/____/____.

IDENTIFICATION

Name:_____. Sex____. Date of Birth____/____/____.
(last) (first) (middle initial) M / F MM DD YYYY

Address_____.

City_____. State_____. Zip_____.

Telephone: ____-____-_____. H / W / C ____-____-_____. H / W / C ____-____-_____. H / W / C

e-mail address: _____

Occupation and place of employment_____.

Employment phone____-____-____. Highest grade completed in school_____. Marital Status_____.

Physician's name_____.Address_____.

Referred by_____.

Spouse_____. Date of Birth_____/_____/_____.
(last) (first) (middle)

Occupation and place of employment_____.

Employment phone____-____-____. Highest grade completed in school____. Hearing/speech handicaps? Y / N

If yes, explain_____.

Children(names and ages)_____.

Phone number to call to schedule an appointment_____.

SPEECH AND LANGUAGE HISTORY

Describe in your own words the speech-language problem which concerns you. Use the back of this sheet if necessary.

_____.

_____.

_____.

What do you think is the cause of the problem?_____

_____.

When was the problem first noticed? By whom? _____.

_____.

_____.

Has the problem become better or worse? Describe any changes_____.

_____;

Describe the severity of the problem. Does the severity vary? _____.

_____;

Do any members of the family, or any relatives, have a similar problem?_____.

_____;

What has been done about the problem? What sort of treatment/therapy has been attempted? When? From whom?

_____;

What were the results of the treatment or therapy?_____.

_____;

Date of last medical examination_____/_____/_____. Where?_____.

Provider_____.

Have you had a psychological examination?_____. Where?_____.

Provider_____.

Have you had a recent neurological examination?_____. Where?_____.

Provider_____.

Have you had an eye examination?_____. Where?_____.

Provider_____.

Have you had a hearing test?_____. Where?_____.

Provider _____.

Have you had a speech and/or language examination?_____ Where?_____.

Provider_____.

If you have had any of these examinations, you should contact the professional who completed the examination and request him/her to send a summary report of the findings to:

University of Central Missouri
Welch-Schmidt Center for Communication Disorders
Martin 34
Warrensburg MO 64093.

HISTORY OF MEDICAL PROBLEMS

Provide as many details as you can concerning any illnesses, accidents, or operations you have had. (If more space is necessary, use another sheet)

Illness? Year Severity of Illness Fever After-Effects Therapy Provided .

;

;

Accidents? Year After Effects Therapy Provided .

;

;

Operations? Year Surgeon/Hospital After-Effects Therapy Provided .

;

;

Special Problems **Treatment Provided**

Eyesight .

Hearing .

Convulsions .

Cerebral Palsy .

Mental Retardation .

Is there any information that has not been addressed in this case history that you would like to add?

Name of person completing this form Relationship to client .

Signature .

To whom would you like reports sent?

1. Name .

   Street .

   City,State, Zip .

2. Name .

   Street .

   City,State, Zip .