

**SPEECH-LANGUAGE PATHOLOGY
ADULT HISTORY**

Name _____ Age _____
Languages Spoken _____
Who referred you to this department? _____

MEDICAL HISTORY

List medical conditions related to communication loss and date of onset (i.e. Stroke, Traumatic Brain Injury etc.) _____

Other medical conditions/surgery including dates _____

Describe the effect of speech and language problem on your daily activities _____

Have you been seen by any other agencies for your communication problem? (Where and Dates) _____

Do you have a hearing problem? _____ Hearing Aids: Right _____
Left _____

Do you wear dentures/partials? _____ Upper _____ Lower _____
Do you wear glasses? _____ All the time _____ Reading only _____

Current medications that you take (Name and Dosage):

SOCIAL HISTORY

Marital status: Single _____ Married _____ Widowed _____
Divorced _____

Name of spouse/significant other _____
Children's names and ages _____

EDUCATION HISTORY

List highest-grade completed _____
List degrees and area of study _____

OCCUPATION HISTORY

Place of employment _____
Job Title _____
Date of Retirement _____

ACTIVITIES/INTERESTS

List any hobbies or interests _____

COMMUNICATION STYLE

Rate of speaking before your illness slow_____ average_____
fast_____

Check off any changes since your illness

Facial expression less_____ more_____

Voice softer_____ louder_____

Describe current emotions since your
illness_____

TREATMENT GOALS

What are your goals for therapy?
