



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS LLC

ADULT CASE HISTORY

Date: _____

Name: _____

DOB: _____

Occupation: _____

1. Have you been tested or evaluated before? ___No ___Yes If yes, where:

2. If yes, how long ago was your last visit?

3. What language do you speak?

4. What is your primary language?

5. Describe your speech-language or hearing problem:

6. What do you think caused the problem?

7. When did you first notice the problem?

8. How has the problem changed since you first noticed it?

9. How has your communication problem affected your life?

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

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

12. Describe any eating or swallowing difficulties you have experienced:

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

14. Provide any additional information that you might believe to be helpful in the evaluation or remediation process:

Person completing this form: _____