

**THE WALDRON COLLEGE OF HEALTH AND HUMAN SERVICES
Radford University Speech-Language and Hearing Clinic
Radford University
P. O. Box 6961
Radford, VA 24142
(540) 831-7166
Fax: (540) 831-7669**

**Adult Case History Form
Speech and Language**

General Information:

Date form completed: _____

Name: _____ Date of birth: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Occupation: _____ Business phone: _____

Employer: _____

Person completing form: _____ Relationship to adult: _____

Occupation: _____ Business phone: _____

Employer: _____

Referred by: _____ Phone: _____

Address: _____

Family physician: _____ Phone: _____

Address: _____

Single: _____ Widowed: _____ Divorced: _____ Spouse's Name: _____

Children (Include names, gender, and ages):

Who lives in the home?

What languages do you speak? If more than one, which one is your primary language?

What was the highest grade, diploma, or degree earned?

Do you have a speech-language problem? Yes _____ No _____

Describe your speech-language problem.

When did you first notice the problem? _____.

Did it begin suddenly? _____ gradually? _____.

What do you think may have caused the problem?

Has the problem changed since it was first noticed? If yes, describe.

Have you seen any other speech-language pathologists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

AUDITORY HISTORY:

Do you have a hearing problem? Yes No . If "yes", continue:

Which ear is affected? Right . Left . Both .

When did you first notice your hearing loss?

Did it begin suddenly? _____ gradually? _____

Draining Ear Ear Infections		Meningitis Mumps		Other:	
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Describe any major surgeries, operations, or hospitalizations (include dates).

Describe any major accidents:
