



Nevada State Speech-Language Pathology Clinic
1300 Nevada State Drive
Henderson, Nevada 89002-9455

ADULT SPEECH-LANGUAGE CASE HISTORY FORM

General Information

Adult Clients Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____

Work Phone: _____

Referred by: _____

Employer:

Phone: _____

Address: _____

Email: _____

Family Doctor:

Phone: _____

Address _____

Email: _____

Are You: Single: _____

Widowed: _____

Divorced: _____

Married: _____

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? _____

Describe your speech-language problem. _____

What do you think may have caused the problem? _____

Has the problem changed since it was first noticed?

Last hearing evaluation?

Concerns for hearing?

Would you like a hearing screening? Yes No

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

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

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

Medical History:

Provide approximate ages at which the adult suffered the following illnesses and conditions:

Adenoidectomy:		Allergies:		Asthma:	
Chicken Pox:		Colds:		Convulsions:	
Croup:		Dizziness:		Draining Ear:	
Ear Infections:		Encephalitis:		German Measles:	
Headaches:		Hearing Loss:		High Fever:	
Influenza:		Mastoiditis:		Measles:	
Otosclerosis:		Pneumonia:		Seizures:	
Sinusitis:		Stroke:		Tinnitus:	
Tonsillectomy:		Tonsillitis:		Other:	

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking:

Are you having any negative reactions to those medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include areas).

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Nevada State University Speech-Language clinic shall not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.

Person completing form: _____

Relationship to adult: _____

Signed: _____

Date: _____

Email completed intake form to: speechclinic@nevadastate.edu