

Alabama A & M University
Communicative Sciences and Disorders Clinic
P.O. Box 357
Normal, Alabama 35762
Phone: (256) 372-5541 or (256) 372-4044
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CASE HISTORY FORM – ADULT

IDENTIFYING INFORMATION

Name _____ Sex _____ Marital Status _____

Birthdate _____ Age _____ Today's Date _____ Handedness Right Left
(circle)

Address: _____ Home Phone _____

City _____ State _____ Zip _____ Cell phone _____

Place of Employment or Previous Employment

Address: _____ Home Phone _____

City _____ State _____ Zip _____ Cell phone _____

Name of alternate contact person _____ Relationship _____

Address: _____ Home Phone _____

City _____ State _____ Zip _____ Cell phone _____

Who referred you to the AAMU Speech and Hearing Clinic? _____

Address (if professional)

Doctor

Address of Dr.

Do you want a copy of our report(s) sent to your doctor? Yes _ No ____

To what professional person(s) or agency(ies) do you want a report sent? Please include names of professionals and addresses: _____

List names and ages of person(s) in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL HISTORY

School	Location	Highest Grad or Degree Completed	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE YOUR PRESENT HEALTH

List periods of hospitalization or medical treatment:

Hospital/City/State	Dates	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all surgical procedures _____

List all prescription and nonprescription medication currently used

Have you had a neurological examination? If so, by whom, when, and where?

Is there a history of:

	Yes	No		Yes	No
Allergies	_____	_____	Heart trouble	_____	_____
Sinus infections	_____	_____	Numbness	_____	_____
Anemia	_____	_____	Paralysis//paresis	_____	_____
Asthma	_____	_____	Incoordination of face or tongue	_____	_____
Broken nose	_____	_____	Influenza	_____	_____
Bronchitis	_____	_____	Mouth-breathing	_____	_____
Chronic colds	_____	_____	Mumps	_____	_____
Chronic laryngitis	_____	_____	Pneumonia	_____	_____
Chronic ear infections	_____	_____	Physical defect	_____	_____
Cleft palate	_____	_____	Poliomyelitis	_____	_____
Diabetes	_____	_____	Psychological counseling	_____	_____
Diphtheria	_____	_____	Rheumatic fever	_____	_____
Ear disease	_____	_____	Scarlet fever	_____	_____
Glandular imbalance	_____	_____	Tremor/twitching	_____	_____
Hearing problem	_____	_____	Ulcers	_____	_____
Hearing aid	_____	_____	Visual problems	_____	_____
Hormone therapy	_____	_____	Glasses	_____	_____
Hyperthyroidism	_____	_____	Other	_____	_____
Emotional difficulty	_____	_____			
Smoking	_____	_____	Amount Per Day?	_____	
Drinking	_____	_____	Amount Per Day?	_____	

If the answer to any of the above items is “yes”, give the relevant details (e.g., how frequent are these episodes, how severe are these episodes, etc.)

If you speak a language other than English, please state the language _____
 Please describe in your own words the nature of your communication problem(s).

What do you think caused the problem? _____

When did you first notice the problem? _____

What were the circumstances? _____

Have any members of your family had hearing or speech problems? _____
If so, whom and what was the problem? _____

How do you feel your communication problem has affected your occupation?

How do you feel your communication problem has affected your social life?

If you didn't have a communication problem, how would your life be different?

Describe the reaction of people, including your immediate family, to your communication problem.

List any specific communication situations that present difficulty for you.

List any specific communication situations that you avoid.

List interests you have or activities you engage in (clubs, hobbies, organizations, etc.)

What, if anything, have you tried to do to correct your communication problem?

Are you coming to AAMU Speech and Hearing Clinic on your own? _____ Or by the
advice of another person? _____

Have you ever received any prior speech, language, or hearing evaluations? _____
Therapy? _____ If so where?

Agency _____

Agency _____

Address _____

Address _____

Dates _____

Dates _____

Results _____

Results _____

Did prior evaluation or therapy relate to the present problem? _

How effective has prior therapy been in helping with your problem (What helped the most? least?)

Why was therapy terminated? _____

Has the nature of the problem changed any time? _____

Explain _____

List any additional information that may be helpful to us in assisting you with our problem(s).
