

MERCY COLLEGE
Speech and Hearing Center
Case History Information - Adults

Date: _____

Name _____

DOB: _____

Address _____

Age: _____
Daytime Phone: _____
Other: _____

Occupation _____

Place of employment _____

Referral Source _____

What is your concern about your communication abilities? Has the condition changed in the past six months?

When did you first become aware of your difficulty?

What do you think caused the problem?

Has your communication problem affected you at work? In school? Socially? How?

Have you ever been evaluated for speech and language difficulties? If so, have you ever received therapy? Please include when, where, for how long.

Date	Facility	Service	Duration
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I. Family History

1. Who lives at home with you?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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2. What language/s are spoken at home?
3. What is the last grade of school you completed?
4. Is there a history of communication difficulties in your family? If so, explain.

II. **Medical History**

1. Describe any pertinent family medical history.
2. Describe any medical history that may be pertinent to your communication problem.
3. If you have been injured or hospitalized at any time, please describe.
4. Is there any history of hearing problems, hearing loss, etc., in your family? When was your last hearing test?
5. Are you presently under a physician's care? If so, why?
6. Are you presently taking any medication? If so, what kind and why?

III. Is there any other information that you feel would be helpful to us in evaluating your communication abilities and concerns?