



ADULT HISTORY FORM

GENERAL INFORMATION

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ Zip _____

Occupation _____ Business Phone _____

Employer _____

Referred by _____ Phone _____

Address _____

Family Physician _____ Phone _____

Address _____

Children (include name and age):

Name	AGE
_____	_____
_____	_____
_____	_____

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? _____

Please describe your speech-language problem.

What do you think may have caused the problem? _____

Has the problem changed since it was first noticed? _____

Have you seen any other speech-language specialists? 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.

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

Please list all current medications you are taking.

Medication	Dosage	Reasons for medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Describe any major surgeries, operations or hospitalizations (include dates):

Please describe any major accidents.

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

****Please remember to bring copies of any reports with you to the evaluation****

Person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____

Thank you for taking the time to complete this form.