

UNIVERSITY OF NEW MEXICO SPEECH-LANGUAGE AND HEARING CENTER

ADULT CASE HISTORY CONFIDENTIAL INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Age _____ Gender _____ Date Completed _____

Address _____

City _____ State _____ Zip _____

Phone: (cell) _____ (home) _____ (work) _____

Person providing information _____ Relationship _____

Referred by _____ Home Language(s) _____

FAMILY INFORMATION

Spouse/Partner's Name _____

Spouse's Occupation or Former Occupation _____

Number of Dependents/Children in the Home _____

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

NATURE OF THE PROBLEM

In your own words, describe your speech/language or hearing problem.

HISTORY OF THE PROBLEM

When was the problem first noticed? By whom?

What do you think caused or is causing the problem?

What have you done, if anything, to help the speech/language/hearing problem? (Give names, dates and places if you have received professional help in the past).

Are there any conditions that make the problem seem more or less severe?

Have you received any speech/language evaluations or therapy? If yes, where and when?

Is there a family history of speech/language problems?

HEALTH HISTORY

Physician _____ Address _____

Others consulted _____

Medical Findings _____

Has your hearing been tested? _____ If yes, by whom? _____

Results _____

Has your vision been tested? _____ If yes, by whom? _____

Results _____

Are you receiving any medication or treatment now? If so, please describe.

Illnesses and health problems (check those which apply)

_____ Asthma	_____ Frequent colds
_____ Bronchitis	_____ Frequent headaches
_____ Pneumonia	_____ Ear infections
_____ High fevers	_____ Other infections
_____ Allergies	_____ Seizures
_____ Hypertension	_____ Other (please describe) _____

Have you had any serious injuries or accidents?

Other surgery?

Do you wear dentures?

SOCIAL AND EMOTIONAL INFORMATION

Describe any other problems you are having now.

List your interests/leisure activities.

Describe how client's difficulties impact daily life and activities, including relationships

PERTINENT CULTURAL CONSIDERATIONS IDENTIFIED BY FAMILY AND/OR CLIENT

ADDITIONAL QUESTIONS

Is there any other information you would like us to know?