

# Clear Speech & Language

## GENERAL CASE HISTORY: ADULTS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**CONCERNS:** Describe the speech and/or hearing problems briefly. Is this the only problem?

\_\_\_\_\_

**HISTORY OF SPEECH PROBLEM/MEDICAL DIAGNOSIS:** Age of onset: \_\_\_\_\_

Conditions of onset: \_\_\_\_\_

What attempts have been made to treat this problem? \_\_\_\_\_

When? \_\_\_\_\_ Results of this treatment? \_\_\_\_\_

Describe any circumstances that change the symptoms: \_\_\_\_\_

Do you consider this problem mild, moderate, or severe or other (Explain): \_\_\_\_\_

Is this problem interfering with your: (please specify) educational, social or vocational plans?

If so, how?

\_\_\_\_\_

Do people have difficulty understanding you when you talk to them? \_\_\_\_\_

If so, do you know why? \_\_\_\_\_

\_\_\_\_\_

Have you ever "lost your voice?" \_\_\_\_\_

If yes, describe circumstances and duration \_\_\_\_\_

\_\_\_\_\_

Is English your first language? \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

**MEDICAL HISTORY:**

Personal physician: \_\_\_\_\_

Others: \_\_\_\_\_

Were you late to talk or walk? \_\_\_\_\_ At what age: \_\_\_\_\_

Did you have any speech, language or swallowing problems as a child? \_\_\_\_\_

Any history of: Excessive colds \_\_\_\_\_, allergies \_\_\_\_\_, sinus trouble \_\_\_\_\_,

asthma \_\_\_\_\_, sore throats \_\_\_\_\_, upper respiratory infections \_\_\_\_\_,

pneumonia \_\_\_\_\_, laryngitis \_\_\_\_\_, thyroid problems \_\_\_\_\_,

swallowing difficulties \_\_\_\_\_, wet vocal quality after eating/drinking \_\_\_\_\_.

List all present physical disabilities: \_\_\_\_\_

Current medications and what they are for \_\_\_\_\_

Estimate of your current physical health: \_\_\_\_\_

Has your vision ever been tested? \_\_\_\_\_ Do you wear glasses? \_\_\_\_\_

Do you think you may have a vision problem? \_\_\_\_\_

Has your hearing ever been tested? \_\_\_\_\_ Do you wear a hearing aid? \_\_\_\_\_

Do you think you may have a hearing problem? \_\_\_\_\_

**SCHOOL HISTORY:**

Educational Level: Elementary \_\_\_\_\_ Junior High \_\_\_\_\_ Senior High \_\_\_\_\_

College Degree \_\_\_\_\_ Vocational \_\_\_\_\_ Other \_\_\_\_\_

**SOCIAL HISTORY:**

Hobbies: \_\_\_\_\_

Sports: \_\_\_\_\_

Leisure Time Activities: \_\_\_\_\_

Group memberships: \_\_\_\_\_

**FAMILY HISTORY:**

Is there any family history of chronic illness, allergies, speech problems, hearing problems, swallowing problems, or other conditions? Please list all and describe conditions.

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF SPEECH AND/OR HEARING PROBLEM:**

Check any of the following which describes your problem:

Often hoarse: \_\_\_\_\_ Voice is high pitched: \_\_\_\_\_ Low pitched: \_\_\_\_\_ Too loud: \_\_\_\_\_

Lacks volume: \_\_\_\_\_ Fast rate: \_\_\_\_\_ Slow rate: \_\_\_\_\_ Sounds gravelly: \_\_\_\_\_

Hesitant: \_\_\_\_\_ Voice tires easily: \_\_\_\_\_ Voice breaks: \_\_\_\_\_ "Lump in the throat" feeling: \_\_\_\_\_

Mispronunciation: \_\_\_\_\_ Difficult to understand when you talk: \_\_\_\_\_

Difficult to understand others speech: \_\_\_\_\_ Stuttering: \_\_\_\_\_ Other: \_\_\_\_\_

Has anyone ever looked at your vocal chords and/or soft palate? \_\_\_\_\_

What did they find? \_\_\_\_\_

Have you ever had a modified barium swallow test? \_\_\_\_\_

What were the results? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_