

*Speech Language Learning*

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**ADULT CASE HISTORY FORM**

**Date:** \_\_\_\_\_

**GENERAL INFORMATION:**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Ph: \_\_\_\_\_

Education: (years completed, degrees) \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

What is your native language?: \_\_\_\_\_

How old were you when you began learning English?: \_\_\_\_\_

**I assume full responsibility for office charges.**

**Signature:** \_\_\_\_\_

**Do you plan to apply for insurance?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**STATEMENT OF THE PROBLEM:**

- Describe your current difficulty. Give examples if possible.

- When was the problem first noticed?

- What has been done about it?

**Your Physician's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Ph: \_\_\_\_\_

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**Date of your last physical exam:** \_\_\_\_\_ **By Whom?:** \_\_\_\_\_

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**Have you had a neurological exam, CT Scan, &/or MRI?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, Where?: \_\_\_\_\_ When?: \_\_\_\_\_

By Whom?: \_\_\_\_\_

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**Have you ever had surgery?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, What type?: \_\_\_\_\_

Where?: \_\_\_\_\_ When?: \_\_\_\_\_

By Whom?: \_\_\_\_\_

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**Do you have a hearing problem?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, Date of Onset: \_\_\_\_\_

What Type?: \_\_\_\_\_

Was the hearing loss either: Gradual \_\_\_\_\_ or, Sudden \_\_\_\_\_

Causes: \_\_\_\_\_

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**Do you wear glasses?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, for reading? \_\_\_\_\_ or, For Distance? \_\_\_\_\_

**Are you currently taking any medication?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what kind(s): \_\_\_\_\_

- Do you have difficulty organizing your time, space or work?
  
- Do you have greater difficulty at the end of the day, or when you are under stress?
  
- Are there other direct relatives who have had difficulty with school or academic material?

**WRITTEN LANGUAGE:**

- Do you have difficulty knowing which punctuation to use in ordinary letter writing?
  
- Do you feel that you can accurately spell most words which you ordinarily use?

**READING AND MEMORY:**

- Do you have difficulty remembering what you read?
- Do you frequently lose your place, skipping lines or words?
- Do you have difficulty reading menus, or other elaborately decorated written material?
- Did you have difficulty learning the multiplication tables? Do you remember them now?

**ORAL EXPRESSION:**

- Do you have difficulty following social conversation?
- Do you express your ideas easily?
- Do you remember verbal directions which are given without visual cues?

**HOBBIES AND INTERESTS:**

- Please list special interests and/or hobbies: