



Accent Modification - Adult Case History Form

Name _____ Date _____

Date-of-Birth _____ Age _____

Address _____

Phone _____ Alternate Phone _____
Home Work Cell (CIRCLE ONE) Home Work Cell (CIRCLE ONE)

Email Address _____

Occupation/Former Occupation _____ Employer _____

Highest Level of Education Completed _____

Name of Spouse or Nearest Relative _____

Native Language _____ Primary Language _____

Physician's Name _____ Phone _____

Referred by _____

Person Completing this Form _____ Relationship _____

1. Why do you wish to be evaluated in our clinic? Please describe.

2. What would you hope to gain through the use of our services?

3. Have you ever received previous instruction for your speech production and language skills? If so, when and where?

4. When did you begin to study English?

5. How long have you been speaking English?

6. How long have you lived in the United States?

7. How often do you speak English? (i.e., only in class/at work, only occasionally with English speaking peers, etc.)

