


ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC
Illinois State University

Neurological - 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 _____

CONCERN

1. What happened to cause the difficulties that you are experiencing now? When did this event happen?

_____

_____

2. List all previous communication therapy.

_____

_____

3. Why do you wish to be evaluated at our clinic? Please describe your communication problem.

_____

_____

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

_____

_____

5. Are there any particular times of the day when your situation is better or worse? If so, please explain.

6. Please indicate if you are currently experiencing any of the following:

_____ Oral weakness (in the mouth or lips)
_____ Difficulty producing the sounds in words
_____ Difficulty recalling the words that you want to say
_____ Difficulty understanding others when they speak
_____ Difficulty reading or writing
_____ Difficulty remembering
_____ Difficulty paying attention
_____ Difficulty solving problems/overall changes in my thinking ability
_____ Difficulty eating or swallowing
_____ Difficulty hearing
_____ Changes in your vision
_____ Changes in your voice
_____ Any other changes or difficulties that we should be aware of?

Explain _____

MEDICAL

1. Have you had a recent or prolonged illness? If so, please describe.

2. Are you presently taking any medication? If so, please list and indicate reason for taking them.

3. Describe any surgery you have had. Indicate the year.

4. Describe any significant accidents you have had and indicate dates.

5. Have you had any other medical conditions that we should be aware of?