



Adult Fluency Case History Form

Name _____ Date _____

Date of Birth _____ Age _____ Pronouns _____

Address _____

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

Email Address _____

Insurance:

Primary _____ Secondary _____

Policy # _____ Policy # _____

Group # _____ Group # _____

Subscriber Name _____ Subscriber Name _____

Subscriber Phone Number & Address _____

Subscriber DOB _____ Subscriber DOB _____

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 _____

BACKGROUND INFORMATION

1. How long have you had this problem?

2. Have you received treatment for this problem? _____ Yes _____ No If yes, where and when?

3. Are you currently in speech therapy? If so, please describe.

4. Does any member of your family have a similar problem?

5. What do you think caused the problem?

6. How severe is the problem today? _____ Mild _____ Moderate _____ Severe

7. How do others in your family view your speech difficulties?

8. To the best of your recollection, describe your speech as a young child.

9. How did you feel about your speech growing up?

CURRENT SPEECH BEHAVIORS

1. Do you avoid speaking situations? If so, please explain:

2. Does the problem affect your job/school/social performance?

3. List any situations where you find it easy to speak.

4. Do you usually know the words you will have difficulty saying? If so, please explain.

5. Do you substitute other words for those you expect to have difficulty saying?

6. Do you ever use facial grimaces or body movements to help you get through a difficult speaking situation?

7. Do you ever pause, pretend to think or recollect your thoughts in order to avoid speech difficulties?

8. Are you ever unable to get any sound started without resorting to a starter or another device, such as *ah*, *uhm*, or *you know*?

9. Are there times when your speech is better or worse?

10. Would you say your speech today is typical or more or less non-fluent than usual?

11. If enrolled in therapy, what do you hope to accomplish?

12. Please provide any additional information that may contribute to a better understanding of your speech difficulties.
