

CASE HISTORY FORM-ADULT

Name _____ Birthdate _____ Age _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____ Email _____

Occupation _____ Employer _____ Marital status _____

Referred by _____ Physician _____

Office Requested (please circle): San Mateo Menlo Park Santa Cruz Any
Appointment Availability (please circle): Morning Afternoon M T W Th F

Describe your present communication problem.

When and how did you become aware of the problem?

When/by whom has the problem been diagnosed?

How has the problem changed over time? When does it seem better/worse?

List and describe medical-rehabilitative-educational services undertaken for the problem (exams, medication, speech therapy, counseling).

Describe family, social or work-related situations which may be relevant.

Signature _____ Date _____