

# Nancy L. Foreman & Associates L.L.C.

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## GENERAL CASE HISTORY: ADULTS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ INFORMANT: \_\_\_\_\_  
INTERVIEWER: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_ REFERED BY: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

CONCERNS: Describe the speech and/or hearing problems briefly. Is this the only problem?  
\_\_\_\_\_

**HISTORY OF SPEECH PROBLEM/MEDICAL DIAGNOSIS:** Age of onset: \_\_\_\_\_ Conditions of onset: \_\_\_\_\_

What attempts have been made to treat this problem? \_\_\_\_\_

When? \_\_\_\_\_ Results of this treatment? \_\_\_\_\_

Describe any circumstances that change the symptoms: \_\_\_\_\_

Do you consider this problem mild, moderate, or severe (Circle one) or other (Explain): \_\_\_\_\_

Is this problem interfering with your educational, social or vocational plans? \_\_\_\_\_

If so, how? \_\_\_\_\_

Do people have difficulty understanding you when you talk to them? \_\_\_\_\_

If so, do you know why? \_\_\_\_\_

Have you ever "lost your voice?" \_\_\_\_\_. If yes, describe circumstances and duration \_\_\_\_\_

Was English your first language? \_\_\_\_\_ Other languages spoken \_\_\_\_\_

## **MEDICAL HISTORY:**

Personal physician: \_\_\_\_\_

Others: \_\_\_\_\_

Were you late to talk or walk? \_\_\_\_\_ At what age: \_\_\_\_\_

Did you have any speech, language or swallowing problems as a child? \_\_\_\_\_

Any history of: Excessive colds \_\_\_\_\_, allergies \_\_\_\_\_, sinus trouble \_\_\_\_\_

Asthma \_\_\_\_\_, sore throats \_\_\_\_\_, upper respiratory infections \_\_\_\_\_

Pneumonia \_\_\_\_\_, laryngitis \_\_\_\_\_, thyroid problems \_\_\_\_\_, swallowing

difficulties \_\_\_\_\_, wet vocal quality after eating/drinking \_\_\_\_\_.

Please list below all illnesses, injuries and operations:

Type:	Age:	Fever?	Complications:	Treatments:	Physician
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Present Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Tonsils and adenoids in \_\_\_\_\_ out \_\_\_\_\_

List all present physical disabilities: \_\_\_\_\_

Current medications and what it is for: \_\_\_\_\_

Estimate of your current physical health: \_\_\_\_\_

Has your vision ever been tested? \_\_\_\_\_ Do you wear glasses? \_\_\_\_\_

Do you think you may have a vision problem? \_\_\_\_\_

Has your hearing ever been tested? \_\_\_\_\_ Do you wear a hearing aid? \_\_\_\_\_

Do you think you may have a hearing problem? \_\_\_\_\_

**SCHOOL HISTORY:**

Educational Level: Elementary \_\_\_\_\_ Junior High \_\_\_\_\_ Senior High \_\_\_\_\_ College \_\_\_\_\_

Degree \_\_\_\_\_ Vocational \_\_\_\_\_ Other \_\_\_\_\_

**SOCIAL HISTORY:**

Hobbies: \_\_\_\_\_ Sports \_\_\_\_\_

Leisure time activities: \_\_\_\_\_

Group memberships: \_\_\_\_\_

**FAMILY HISTORY:**

Is there any family history of chronic illness, allergies, speech problems, hearing problems, swallowing problems, or other conditions? Please list all and describe conditions. \_\_\_\_\_

**DESCRIPTION OF SPEECH AND/OR HEARING PROBLEM:**

Check any of the following which describes your problem:

Often hoarse: \_\_\_\_\_ Voice is high pitched: \_\_\_\_\_ Low pitched: \_\_\_\_\_ Too loud: \_\_\_\_\_

Lacks volume: \_\_\_\_\_ Fast rate: \_\_\_\_\_ Slow rate: \_\_\_\_\_ Sounds gravelly: \_\_\_\_\_

Hesitant: \_\_\_\_\_ Voice tires easily: \_\_\_\_\_ Voice breaks: \_\_\_\_\_ "Lump in the throat" feeling: \_\_\_\_\_

Mispronunciation: \_\_\_\_\_ Difficult to understand when you talk: \_\_\_\_\_ Difficult to understand others

speech: \_\_\_\_\_ Stuttering: \_\_\_\_\_ Other: \_\_\_\_\_

Has anyone ever looked at your vocal chords and/or soft palate? \_\_\_\_\_ What did they find? \_\_\_\_\_

Have you ever had a modified barium swallow test? \_\_\_\_\_ What were the results? \_\_\_\_\_

Additional Comments: \_\_\_\_\_