

The Speech & Hearing Center

300 ELM AVENUE, SOUTH PITTSBURG, TENNESSEE 37380

TELEPHONE 423-837-7875, FAX 423-837-7308

ADULT SPEECH HISTORY-CONFIDENTIAL INFORMATION

Name: _____ Today's Date _____

Date of Birth _____ Age _____ Sex _____

Occupation: _____ Education: _____

Presently employed Retired Unemployed

Marital Status: Single Married Widowed Divorced

Name of spouse or nearest relative _____

Who referred you to The Speech and Hearing Center? _____

Reason for Referral? _____

Please provide (in the space below) a list of places where you have had previous evaluations or therapy:

Name	Address	Date

Name/Address of Physician: _____

Please answer the following questions, when applicable:

Please describe your present speech problem. _____

What do you think caused your speech problem? _____

Has the problem become worse or has it seemed to improve? Please explain.

What conditions seem to make the problem better or worse? _____

How does speech affect your job or other aspects of your life that require communication? Please explain. (For example, do you withdraw from communicative situations because of your problem, or has it affected your choice of a job?)

Do other members of your family have a similar problem or other speech problem? Please explain.

What strategies have you used at home to work on this problem? _____

Have you received any help for this problem (speech pathologists, doctors, or other professionals)?

Please explain: _____

Have you had any serious accidents? If so, please explain. _____

Have you had any chronic illnesses? If so, please explain. _____

Have you ever been hospitalized? If so, please explain. _____

Please indicate any surgeries or illnesses related to this speech problem. _____

Please list any medications you are currently taking. _____

Do you have any difficulties with your hearing? _____

Please describe any physical disabilities. _____

Signature of the person completing this form: _____

Self **Spouse** **Family Member** **Other** **Date:** _____