



Speech & Language Stimulation Center, Inc.

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Case History Form – Voice

(The information supplied on this form will be confidential. It will help us to appropriately prepare for our evaluation. We can also discuss any information at the time of the appointment. Usually testing takes about an hour and we like to discuss our impressions with you or demonstrate some things to you for 15-30 min thereafter.) ****please fill out each line or put n/a if not relevant****

First Name: _____ Last Name: _____ Today's date: _____

Name of person who is filling out form (if different from above): _____

Relationship to the person seeking therapy: _____

NAME of SPOUSE/PARTNER or PARENT (if living with parent): _____

Highest level of school completed: _____

Current school (if applicable): _____

Describe your main concern; why are you (or your child) seeking an evaluation at our Center? (Please be specific) _____

Describe any significant personal or family history related to your main concern: _____

How did you find out about our practice? _____

Who is your main doctor? _____

A copy of your initial evaluation report will be sent to the referring physician; is this ok? _____

Do you want a report sent to anyone else? _____ To whom? (A release of information needs to be signed)

Have you previously received therapy services that you would like us to know about? (occupational, physical, vision, speech, music therapy, counseling) _____

MEDICAL HISTORY

How is your current health? _____

Do you have a medical diagnosis? (list all that might be appropriate for us to know) _____

Describe any pertinent illnesses/ accidents/ hospitalizations _____

Are you currently receiving any medical treatment or on medication?

Do you have any allergies/asthma? _____

Sometimes there is a therapy dog in the office – would this be a problem? _____

Has your hearing been tested in the last two years? _____ By whom and when? _____

Results of hearing tests: _____

Describe any visual impairments, corrections, vision therapy, etc. _____

What would be your primary goals for us to keep in mind? _____

Do you have any additional information you would like us to know? _____

Voice, vocal cord/fold dysfunction, coughing clients please continue filling out the attached "judging your own voice" sheet

Directions to Speech & Language Stimulation Center, Inc.:

