



Adult Case History

Patient Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Cell#: _____ Work#: _____

Insurance Carrier: _____ Policy#: _____

Physician's Name: _____ Physician's #: _____

History

Occupation: _____ Employer/School: _____

Highest Degree Earned: _____

Is English your primary language? Yes No

If not, what is your primary language? _____

Are you proficient in speaking and understanding English? Yes No

Medical History

General Health: _____ Excellent _____ Good _____ Fair _____ Poor

Do you have any medical diagnosis? If so, specify _____

List medications taken on a regular basis: _____

Are you sensitive to latex? Yes No

Speak Easy Rehabilitation, PLLC
PO Box 2023 Fuquay-Varina, NC 27526
Phone: 919-346-3350- Fax: 919-285-2554
Website: www.speakeasyrehab.com

SPEAK EASY REHABILITATION

Please check all that apply to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Frequent Laryngitis/Hoarseness |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Reading and or Spelling Difficulties | |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Swallowing/Digestive Disorder |
| <input type="checkbox"/> Respiratory Difficulties (asthma, TB, etc.) | <input type="checkbox"/> Heart Problems/Stroke | |
| <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Congenital Disorder | |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Other _____ | |

Current Speech/Language

Have you ever received a speech-language evaluation or treatments? Yes No

If yes, by whom and what date/s? _____

Diagnosis given on previous evaluation: _____

When did you first notice that there was a problem? _____

Has the problem remained the same gradually worsened worsened quickly?

Describe the severity of the disorder, does the severity vary? _____

Please check all statements that apply to your communication disorder:

- interferes with my job/school performance
- interferes with my social skills
- can express myself, others do understand me
- at times my speech improves, but it gets worse again

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(((SPEAK EASY REHABILITATION)))

- ___ difficulty recalling the names of common objects
- ___ difficulty recalling the names of people and places
- ___ easily understood by people I know
- ___ easily understood by strangers
- ___ frequently stumble over words, getting the sounds confused
- ___ When I eat, the muscles in my mouth get sore and tired
- ___ concerned about how people understand my speech
- ___ My speech contains many word repetitions and prolonged sounds
- ___ The pitch/loudness of my voice has changed
- ___ often run out of breath while talking
- ___ It takes a great amount of effort to talk

Overall, I would rate my communication as:

___ Excellent ___ Good ___ Fair ___ Poor

What do you consider to be your greatest communication problem at this time?

Additional Comments/Concerns:

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