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El Paso Speech & Language
 Service Excellence, PLLC

ADULT SPEECH/LANGUAGE CASE HISTORY CONFIDENTIAL INFORMATION

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Male Female

Occupation: _____ Education: _____

Presently employed Retired Unemployed

Marital Status: Single Married Widowed Divorced

Name of spouse or nearest relative: _____

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/language 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 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 job?)

Do other members of your family have a similar problem or other speech/language problems? 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 illness 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: _____ **Date:** _____

Self **Spouse** **Family** **Other**