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**El Paso Speech & Language**  
**Service Excellence, Ph.D.**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Fluency Case History Attachment

**Description of problem:** Check all that apply: Repetitions of

sounds  words  phrases  prolonged sounds  Silent pause/block in speech

Are there particular sounds or words that are difficult? \_\_\_\_\_

**Onset of stuttering:** \_\_\_\_\_ **Circle one:** Gradual or Sudden  
 (Date)

Did it follow any illness/family problem/traumatic event?  No  Yes (describe): \_\_\_\_\_

How long have you been stuttering? \_\_\_\_\_

Has it changed over time? \_\_\_\_\_

Is the problem:  consistent  intermittent

Can you anticipate stuttering?  No  Yes

Do you do anything to control your stuttering? \_\_\_\_\_

When is your speech the best/worst? \_\_\_\_\_

What bothers you most about your stuttering? \_\_\_\_\_

Please describe any situations you avoid because you stutter: \_\_\_\_\_

### **Family and Social History**

How does your stuttering affect your school/work? \_\_\_\_\_

Is there a history of stuttering in your family? \_\_\_\_\_

Do relatives and others say negative things about your stuttering? \_\_\_\_\_

### **Previous Therapy History**

Have you received previous therapy?  No  Yes

When: (Date) \_\_\_\_\_ By whom? \_\_\_\_\_

Why was therapy discontinued? \_\_\_\_\_

What helped your speech the most? \_\_\_\_\_

Are there any techniques you still use? \_\_\_\_\_

What are your expectations for therapy at this time? \_\_\_\_\_

Please write down any additional information you feel will help us

Speech Pathologist's Notes: \_\_\_\_\_