



Monmouth University Center for Speech and Language Disorders

ADULT CASE HISTORY FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Client Email: _____ Caregiver email: _____

Home Phone: _____ Cell Phone: _____

Marital status: Single Married Divorced Widowed

Spouse's Name: _____

Names of Children & Ages: _____

Who lives in the home: _____

Primary language spoken: _____

Additional languages spoken: _____

Employer: _____

Job Title/Occupation: _____

Are you still employed? _____ Do you intend on returning to work? _____

What is the highest/grade/diploma/degree you earned:

What social activities do you engage in? Hobbies?

Describe your speech/language problems:

What do you think is the cause/reason for the problem:

Has the problem changed since it was first noticed:

Have you seen any other speech-language specialists? If so, who/when? What were their conclusions or suggestions?

Have you been treated by a specialized physician/psychologist/neurologist, etc? If yes, indicate the type of specialist, when you were seen, and the doctor's recommendations:

Do you have any eating/swallowing difficulties?: _____

Have you had a Modified Barium Swallow Study
(MBS)? _____

If so, where? _____

Have you had any major surgeries/hospitalizations? If so, when/where for what procedure

What are your personal goals? (e.g., improve naming ability, increase conversational skills, increase memory, and learn organizational strategies). Provide any additional information that might be helpful in the evaluation or recommendation process.

List any medications you are taking.

Are you having any negative reactions to these medications? If yes, describe.

Person completing form: _____

Relationship to client: _____

Signed: _____

Date: _____