



EASTERN KENTUCKY UNIVERSITY

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College of Education
Department of Special Education
Speech-Language-Hearing Clinic
Slhclinic.eku.edu

278 Wallace Building
521 Lancaster Avenue
(859) 622-4444
FAX: (859) 622-2247

ADULT HISTORY

Identifying Information

Name:
Age: DOB: Sex: Male Female
Home Street Address: City:
State: Zip code:
Home phone: Work phone: Cell phone:
Occupation: Email:
Primary Language: Secondary Language:
Person completing this form (if other than client): Relationship to client:

Please describe, as completely as possible, the concern you have regarding your communication/swallowing abilities:

When did you first notice a problem?

Has your condition improved, remained unchanged, or become worse? (Please explain)

Has anyone on either side of your family ever had a communication problem, been slow in talking, had trouble being understood or experienced any voice difficulties? (Please explain)

Check any of the following that currently describes your communicative abilities:

- difficult to understand because of my speech
have difficulty organizing thoughts
difficulty concentrating
voice is hoarse, breathy
difficulty with word-finding
difficulty initiating a conversation
stutter
dialect is difficult for others to understand
trouble chewing and/or swallowing
difficulty reading / writing

Please describe any other concerns:

Have you ever been seen for a speech, language, swallowing, or hearing evaluation? No Yes (Please provide details)

By whom: Date seen:

Have there been any variations in the severity of your problem? If so, please describe:

What attempts have been made to help correct the problem? _____

Do you have any difficulty with your hearing? ____ Yes ____ No If yes, please explain: _____

What do you hope to learn from an evaluation/ What do you think should be done? _____

The following information is important for diagnosis and treatment. Please answer to the best of your knowledge.

Prenatal and Birth History

Full term _____ Normal Birth _____
Explain any complication related to prenatal events/delivery _____

Development

Your general impression of your overall speech/language development:
slow _____ normal _____ advanced _____
comments: _____

Early Motor development
slow _____ normal _____ advanced _____
comments: _____

Medical History

Please list any medical conditions/illnesses (past and present): _____

Allergies: _____
Are you allergic to latex? Yes No Not Known

Recent hospitalization/what for/dates: _____

Are you currently under a doctor's care? If yes, what reason? _____

What current medication(s) are you taking? _____

Do you have any eating or swallowing difficulties/PEG tube? If yes, describe. _____

Have you had a modified barium swallow study or Fiberoptic Endoscopic Evaluation? If yes, when and by whom? (dates) _____

Are you on a special diet or diabetic diet? (thickened liquids, pureed foods, etc.) _____

Describe any major surgeries, operations, or hospitalizations (include dates). _____

Describe any major accidents. _____

Education

University

Graduate Work

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

1 2 3 4

List any area of specialization, vocational training, or area of university study. _____

Describe any other education or special training. _____

Do you have a history of learning difficulties? If yes, please explain. _____

Employment History

Most recent occupation _____ How long? _____

Employer _____ Are you still employed? Yes ____ No ____

What are your current employment arrangements? _____

Describe briefly the type of work you are/were doing in current/past occupations. _____

Please give any additional information that will help us in the evaluation: _____

Signature of person completing this form

Relationship to client
(if applicable)

Date



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