



4. Can you think of any reason or cause for your problem? \_\_\_\_\_

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5. Has anyone else in your family had a speech or hearing problem? \_\_\_\_\_

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6. Describe any serious illnesses, accidents, or surgery you have had. (Give age at occurrence and severity.) \_\_\_\_\_

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7. Do you take any kind of medication (drugs) regularly? Please Circle YES NO  
If Yes, provide name & purpose or attach a list.

_____	_____
_____	_____
_____	_____

8. Describe your general health. List any medical diagnoses/illnesses

_____	_____
_____	_____
_____	_____

9. Previous evaluations and or treatment related to current problem described on page 1, question 2: (When, where, by whom, results) \_\_\_\_\_

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10. Please give any other information you feel will be helpful: \_\_\_\_\_

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Signature of person answering questions