

Clinic for Adult Communication Disorders THE UNIVERSITY OF ARIZONA Department of Speech, Language, and Hearing Sciences 1131 E. Second Street P. O. Box 210071

Tucson, Arizona 85721-0071 Phone: 520-621-7070 or 520-621-1826

Adult Case History Form (Speech-Language Pathology)
Please return completed form to the address above or email to osa@email.arizona.edu

Name:		Date:	
		Age:	
Address:			
		Zip Code:	
Phone:	Cell	or Message:	
Email:			
		Work Phone:	
Highest gr	rade completed:Are	you a university student?	
Marital Sta	ntus: Na	ime of Spouse:	
Responsib	ole Party:		
		_	
Ethnicity:	1 = Hispanic 2 = Non-minority (Caucasian) 3 = Black	4 = Asian 5 = Native American 6 = Other Minority(Specify)	
*If you are s	seeking Accent Reduction services, w	hat is your native/first language?	
1. What do	o you want to find out from us?		
2. Describ	e your problem:		
3. When d	did you first notice your problem?		

4.	Can you think of any reason or cause for your problem?
5.	Has anyone else in your family had a speech or hearing problem?
	Describe any serious illnesses, accidents, or surgery you have had. (Give age at currence and severity.)
7. If `	Do you take any kind of medication (drugs) regularly? Please Circle YES NO /es, provide name & purpose or attach a list.
8.	Describe your general health. List any medical diagnoses/illnesses
9. 1,	Previous evaluations and or treatment related to current problem described on page question 2: (When, where, by whom, results)
10	.Please give any other information you feel will be helpful:

Signature of person answering questions