



Northeast
Hearing & Speech

hear • speak • communicate

75 West Commercial Street, Suite 205
Portland, Maine 04101
Voice/TTY: 207/874-1065
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ADULT CASE HISTORY FORM

Date: _____

Name: _____
First Middle Initial Last

Date of Birth: _____ Sex: M / F

Address: _____
Street City/Town State Zip

Phone: _____ Cell: _____

Occupation: _____ Place of Employment: _____

Highest level of education attained: Elementary School High School College Post-Grad

Marital Status: single married divorced widowed

Spouse's name: _____

Background Information

Who referred you to Northeast Hearing and Speech? _____

1. Describe your problem as clearly and in as much detail as possible.

2. What do you think caused this problem?

3. When did you notice this problem and what/who made you aware of it?

4. In what ways do you feel this communication problem has affected your social life?

5. In what way do you feel this communication problem has affected your choice of and/or advancement in your occupation?

6. Is there a history of speech, language, or hearing problems in your family? If so, please describe:

Medical History

1. Did you experience any complications, special treatment, or hospitalization with the typical diseases of childhood (e.g., measles, mumps, etc.)?

2. Have you ever had any serious illness or injury? If so, please describe, including dates and treatments:

3. Please list current medications:

_____	for	_____
_____	for	_____
_____	for	_____
_____	for	_____
_____	for	_____
_____	for	_____

Related information

Have you had a previous language, hearing, or speech evaluation?

Yes No Date of Evaluation: _____

If YES, the name and address of the agency: _____

Have you ever received other evaluations? (e.g., psychological, physical therapy, etc.)?

Agency: _____ Date of Eval: _____

Agency: _____ Date of Eval: _____

Additional Information

(Please comment on anything you feel might be helpful during the evaluation.)

Report completed by: _____

Relationship to Client: _____ **Date form was completed:** _____