

GW Speech, Language and Hearing Center Adult Communication: Case History Form

Client Contact Information

Full name: _____
Preferred name: _____
Pronouns: _____
Mailing address: _____
Email address: _____
Phone number: _____

Background Information

Date of birth: _____
Native language: _____

What are your primary communication concerns?

Have you previously received speech-language therapy services? Circle one. YES NO

If yes, when: _____

If yes, where: _____

If yes, describe your previous speech-language therapy goal(s): _____

General

Do people have difficulty you? Circle one. YES NO

If yes, describe: _____

Do you work? Circle one. YES NO

If yes, describe your responsibilities and where you work: _____

Are you in school? Circle one. YES NO

If yes, describe your year/program: _____

Are you in graduate assistant or teaching assistant? Circle one. YES NO

If yes, describe your responsibilities: _____

Which settings are impacted by your communication concerns? Check all that apply.

- Academic/school
- Professional/career
- Telephone conversations
- Public speaking situations
- Social situations

Which areas of communication do you have difficulty with? Check all that apply.

- Articulation (i.e., producing English speech sounds)
- Grammar
- Understanding lectures or presentations
- Understanding social conversations
- Being understood in academic situations
- Being understood in social situations
- Using and understanding idioms/slang
- Other: _____

Do you have concerns with your hearing? Circle one. YES NO

Do you have concerns with your vision? Circle one. YES NO

What else we should know about you? Please use the space below to share anything you'd like that isn't previously captured in the above form.
