Health PEI

Speech-Language Pathology Adult Services

Case History Form

Basic Information

Name:_____ Birth Date: _____

Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them or specify here: _____

Occupation: _____ Family doctor: _____

Address: _____

Home phone: _____ Cell phone: _____ Other: _____

May we contact you by email? ☐ Yes ☐ No Email address: _____

Alternate Contact Name: _____ Number: _____

Alternate Contact Relationship: ☐ Spouse ☐ Partner ☐ Parent ☐ Child ☐ Caregiver ☐ Other

Communication Information

Description of difficulty: _____

_____

_____

When was the difficulty first noted?

_____

What changes, if any, have occurred since your difficulty was first noted?

_____

_____

How do you usually communicate:

☐ Speak in single words ☐ Speak in sentences ☐ Write ☐ Other: _____

Do you require assistance to communicate with others? ☐ Yes ☐ No

If yes, please explain:

_____

What are the most challenging communication situations for you?

_____

_____

Can you be understood by: Familiar listeners: ☐ Yes ☐ No Unfamiliar listeners: ☐ Yes ☐ No

Do you have any difficulties hearing? ☐ Yes ☐ No

If yes, please explain:

_____

Have you received any previous speech therapy: ☐ Yes ☐ No

If yes: When and where:

_____

S-LP: _____ Was a report provided to you? ☐ Yes ☐ No

Medical and Health Information

Do you have any medical or health concerns that have an impact on your communication?

_____

_____

Are you taking any medications? ☐ Yes ☐ No

If yes, please list:

_____

_____

Additional Information

How do you feel your communication difficulty affects your daily life?

_____

_____

Please rate the following statements by circling the number that applies to you:

1. When I think about my communication, I feel…

1	2	3	4
Not at all concerned	Mildly concerned	Moderately concerned	Very concerned

2. Because of my communication difficulty, my life is…

1	2	3	4
Not at all affected	Mildly affected	Moderately affected	Severely affected

3. My level of motivation to participate in sessions and practice exercises at home is:

1	2	3	4
Not at all motivated	Slightly motivated	Moderately motivated	Very motivated

Please list your interests and activities:

_____

_____

We would like to support you the best we can. Please share what you would like to achieve from the S-LP program?

_____

_____

Form completed by: _____ Date: _____

Please return your completed case history form by mail, fax, or email to:

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