



Owned and Operated by Speech-Language Pathologists

### Adult Case History

Client's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: S M D W

Employer: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Briefly Describe Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SPEECH AND HEARING HISTORY

Please mark if you have a history of difficulty with any of the following:

Swallowing

Stuttered speech

Expressing Thoughts

Problem Solving

Maintaining Topic of Conversation

Following Directions (processing information)

Reading/Writing

Slurred Speech

Word Finding

Memory

Focusing/Attending

8229 Boone Blvd.  
Suite 660  
Vienna, VA 22182  
(703) 821-1363

316 F St NE Suite 118  
Washington, DC 20002  
(703) 821-1363

14135 Robert Paris Ct.  
Chantilly, VA 20151  
(571) 752-6180

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What do you expect to get out of therapy? (Please be specific):

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How do others react toward the problem:

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Is there a family history of this problem? Please explain:

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Have you had previous speech therapy for this current problem? Please explain:

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Has this problem improved/deteriorated since the onset? Please explain:

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Person responsible for payment:

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Signature of Responsible Party:

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Date:

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