



**THE UNIVERSITY OF
SOUTHERN MISSISSIPPI**

SCHOOL OF SPEECH AND HEARING SCIENCES
118 College Drive #5092 | Hattiesburg, MS 39406-0001
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APPLICATION FOR ASSESSMENT

Adult Case History – Speech/Language

Date: _____

Please complete this form for our clinical faculty to plan a thorough assessment. It is important that you answer each applicable question as completely and accurately as possible. Please return this form to the Speech and Language Clinic at the above address so we can schedule your appointment.

I. GENERAL INFORMATION

Name: _____ DOB: _____ Gender: _____
(Last) (First) (MI) mm/dd/yyyy

Address: _____ Phone: _____ Email: _____

Occupation: _____ Employer: _____ Phone: _____

Name of person completing form: _____

Relationship to client: _____

Referred to this clinic by: _____

II. COMMUNICATION HISTORY

What do you believe to be the areas of communication impairment?

- Verbal Communication
- Writing
- Intelligibility of Speech
- Reading
- Understanding Language
- Memory
- Problem Solving
- Swallowing

Describe concern in your own words: _____

When was the concern first noticed? _____

Has it changed since then? _____ Explain: _____

What do you think caused it: _____

What are your goals for attending therapy at this clinic? _____

III. MEDICAL HISTORY

Describe serious illnesses, injuries, and/or surgeries: _____

Hospitalized: _____ Date: _____

Name of attending physician: _____

Is medication taken regularly: _____ If so, name of medication and reason: _____

Allergies: _____ Describe: _____

Do you have a suspected or documented hearing loss? _____ If so, describe: _____

Describe your current health. _____

IV. OTHER HISTORY

Educational Level: _____

Special Interests: _____

Describe any prior therapy received: _____

V. PREVIOUS EVALUATIONS

List any prior speech, hearing, and/or psychological evaluations:

Type of evaluation	Date	Facility	Reason for evaluation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is additional information which you feel will help us better understand your concern, please.

describe: _____

