



Case History Form for Adolescent (confidential)

I. Personal Information

Name: _____ Date of Birth: _____

Age: _____ Gender: _____ male _____ female

Address: _____

City: _____ State: _____ Zip code: _____

Parent(s) Names: _____

Home telephone: _____ E-mail: _____

Cellular telephone: Self: _____ Mother: _____ Father: _____

Parent(s) Work telephone: Mother: _____ Father: _____

Emergency name and telephone number: _____

Name of Physician: _____

Referred by: _____

School: _____ Hours of attendance: _____

Education - highest grade completed: _____

II. Statement of the problem

Describe in your own words your speech and/or language problems and your reasons for concern:

III. Education information

School(s) attended: _____

Current grade: _____ Do you excel in any subjects? _____

Do you have any serious difficulty in any subjects? _____

Please list the school subjects you are the best in: _____

Please list the school subjects you enjoy the most: _____

Please list the school subjects you have the most difficulty in: _____

Why do you feel you are having difficulty with these subjects? _____

Do you have any future vocational goals? _____

If yes, describe: _____

IV. Health History

List 1) major illnesses, diseases, or operations; 2) age at the time of each; and 3) resulting health complications or handicaps.

Illnesses/diseases/accidents	Age	Resulting handicaps
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Were you hospitalized for any of the above conditions? _____

If so, where and for how long? _____

Have you received, or are you now receiving rehabilitation treatment such as radiation therapy, physical therapy, occupational therapy?

If so, describe the reason for, type, duration and result of treatments: _____

Are you currently under the care of a doctor? _____

If yes, for what? _____

Are you currently taking any medications? _____

What kind? _____

For what? _____

How much? _____

How often? _____

Do you have any known allergies? _____ Describe: _____

Do you have any known drug sensitivities? _____ Describe: _____

Have you had seizures? _____. If yes, how often? _____

When was the most recent seizure? _____

Do you have any known hearing problems? _____ Describe: _____

Do you have any known vision problems? _____ Describe: _____

Do you wear glasses/contact lenses? _____

If yes, describe the condition: _____

IV. Present Speech, Language, or Hearing Problem

Describe the present problem: _____

How long has there been a problem? _____

What do you think caused the problem? _____

What types of speech and language services have you received? _____

How long have/did you receive services? _____

Where did you receive services? _____

From whom? _____

Why were you dismissed/stopped speech and language therapy? _____

How do you feel about your speech and language problem? _____

What is your primary means of communication? _____

Are you understood when you speak? If not, describe: _____

Do you avoid speaking situations? _____

Is yes, describe: _____

Are there times or situations when your problem is better or worse? _____

Please describe: _____

***PLEASE PROVIDE A COPY OF ANY EVALUATIONS, I.E.P.'S,
PROGRESS REPORTS/DISCHARGE REPORTS***

What other information can you provide which will enable Cincinnati Center for Improved Communication, Inc. to better know and understand you?
