Pamela Rowe, M.A., CCC-SLP, LLC
Pediatric and Adult Speech-Language Therapy
1200 West State Road 434, Suite 124, Longwood, FL 32750
115 E. 4th Ave, Suite 202B, Mount Dora, FL 32757
5324 Windridge Lane, Orlando, FL 32810
407.271.4911 Office 407.264.8344 Fax *www.speechorlando.com*

Adult Case History Form

Patient_____ DOB_____ Age____

Person Filling out Form_____

Relationship to Patient_____

Medical Diagnosis _____

Please Describe Speech/Language/Hearing/Swallowing/Voice Problems_____

_____

_____

If known, what is the cause of these problems?_____

_____

How do these problems affect your everyday life?_____

_____

_____

Have these problems changed since first diagnosed? If yes, please describe changes_____

_____

Please list recent hospitalizations_____

_____

_____

Please list current medications_____

_____

_____

Test(s) Completed. Please check all that apply: __ MRI __ CT Scan

__ENT Imaging __Chest X-Ray __Swallow Study ___Ultrasound

__Other:_____

Adult Case History Form

Do you currently work? If so, list your place of employment and job duties___

_____

_____

Do you live with other people? _____If yes, please list them and their relationship to you _____

_____

_____

Please list your normal daily activities_____

_____

_____

_____

Please list hobbies, special interests, favorite activities_____

_____

_____

What else would you like us to know about your Speech/Language/ Swallowing/Voice Difficulties?_____

_____

_____

Thank you for completing this form. The information provided in this form will assist us in preparing for your evaluation. -Pamela Rowe, MA, CCC-SLP, LLC

PLEASE NOTE: Cancellations Must Be Made 24 Hours in Advance.
Please initial _____