



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

SCHOOL OF SPEECH AND HEARING SCIENCES

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**USM SPEECH-LANGUAGE PATHOLOGY CLINIC
APPLICATION FOR ASSESSMENT**

Adult Case History

Date: _____

It is important that you answer the questions as completely and accurately as possible. Please return this form to the USM Speech-Language Pathology Clinic. When we have received the completed form an appointment will be scheduled.

I. IDENTIFICATION

Name: _____ DOB: _____ Age: _____ 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: _____ Phone: _____

II. STATEMENT OF CONCERN

Describe concern in your own words: _____

When was the concern first noticed? _____

Has it changed since then? _____ Explain: _____

What do you think caused it: _____

Interview Notes: _____

III. MEDICAL HISTORY

Describe any serious illnesses, injuries, or surgeries: _____

Hospitalized: _____ Dates _____

Name of attending physician: _____

Is medication taken regularly: _____ If so, name of medication/purpose: _____

Who prescribed the medication: _____

Allergies: _____ Describe: _____

Do you have hearing concerns? _____ If so, explain: _____

Do you have any physical limitations? _____

Interview Notes: _____

IV. EDUCATIONAL HISTORY

Educational Level: _____

Special Interests: _____

Have you received prior therapy? _____ If so, where, when and for what reason? _____

Interview Notes: _____

V. PREVIOUS EVALUATIONS

Have you had a prior speech, hearing, or psychological examination: _____

If so, please answer below:

Type of Exam

Date

By Whom

Reason for Exam

Additional information that will help us to understand your concern better, please describe:

NOTE: All information contained in this report is held in strict confidence. Information is released with written consent of responsible party.