Advanced Therapy Care

Therapy Services for Children & Adults

New Patient Speech & Language Questionnaire - ADULT

PATIENT INFORMATION			
Patient's Last Name:	**First:**	**Initial:**	**Birthdate:**
Marital Status:	**Name of Spouse or nearest relative:**		

What are your reasons for scheduling this appointment?

Please describe your concerns:

Have you received speech therapy before? ☐ **Yes** ☐ **No**

If yes, when and where?

For how long?

Focus & Results of Treatment?

Have you had any significant health problems in your life? ☐ **Yes** ☐ **No**

If yes, please describe:

What do you hope to gain from today's appointment?

Description of Speech and/or Hearing problem:

Check any of the following which describes your problem

☐ Often hoarse	☐ Lacks Volume	☐ Difficult to understand others speech	☐ Hesitant
☐ Voice is high pitched	☐ Fast Rate	☐ Voice tires easily	
☐ Low pitched	☐ Slow Rate	☐ Voice breaks	
☐ Too loud	☐ Sounds Gravelly	☐ "Lump in the throat" feeling	
☐ Mispronunciation	☐ Stuttering	☐ Difficult to understand when you talk	

Has anyone ever looked at your vocal cords and/or soft palate? Y / N What did they find?

Have you ever had a modified barium swallow test? Y / N What were the results?

Additional comments:

Do you have a history of any of the following? (check all that apply)

☐ Seizures and/or convulsions	☐ Difficulty swallowing	☐ Sore throats
☐ Serious head injuries	☐ Frequent colds and/or coughs	☐ Noise exposure
☐ Hearing difficulties	☐ High fevers	
☐ Eye difficulties	☐ Allergies	
☐ Sinus problems	☐ Serious Illness	

Do you have a history of any of the following?		
Major surgery or hospitalization	☐ Yes ☐ No	If so, for what?
Psychological/psychiatric treatment	☐ Yes ☐ No	If so, for what?
Chronic Illnesses	☐ Yes ☐ No	If so, for what?
Major accidents	☐ Yes ☐ No	If so, for what?

Background Information

Latest educational institution attended:
What was the highest grade level, diploma, or degree earned?
Did/does your speech/language affect your educational performance? If so how?
Occupation:
Employer:
Does your speech/language affect your career? If so, how?

Please check any of the following that you wear:

- ☐ **Hearing aid**
- ☐ **Dentures**
- ☐ **Glasses**
- ☐ **Prosthetic device**

Please list daily medications taken and for what:

Is there any family history of chronic Illness, allergies, speech problems, hearing problems, swallowing problems, or other conditions? Please list all and describe conditions.