Calvin Speech & Hearing Clinic
On the campus of Calvin University | North Hall
616.526.6076 | 616.526.1355

CALVIN SPEECH & HEARING CLINIC APP
ADULT CASE HISTORY FORM

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We appreciate your effort to attend all sessions. Successful treatment depends upon a weekly commitment; a preparation for each clientÕs sessions. Absence of 3 or more sessions in a semester may result in losing yo

!

Date of Application: _____ Virtual appointments in-person appointments Either

Session Applied for: _____ ! Individual ! Aphasia Groups

Name: _____ Date of birth: _____

Address: _____

_____

Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Family physician: _____ Any hours in 21Td (_____)Tj 0 Tc ( )T__oye35.58322.868 0 Td (___)Tj0026

What is your primary language? What other languages do you speak?

What was the highest grade, diploma, or degree you earned?

MEDICAL HISTORY

Provide the approximate ages at which you suffered the following illnesses or condition

Acid reflux_____ Adenoidectomy_____ Asthma_____
Cancer_____ Chicken pox_____ Chronic laryngitis_____
Cleft palate_____ COPD_____ Diabetes_____
Draining ears_____ Ear infections_____ Facial nerve palsy_____
Head injury_____ Heart attack_____ Hypertension_____
Hearing loss_____ Measles_____ Meningitis_____
Mumps_____ Otosclerosis_____ Pneumonia_____
Seizures_____ Stroke_____ Tinnitus_____
Other:_____

What is your current state of health? Excellent ___ Average ___ Fair ___ Poor

Do you have any hearing or swallowing difficulties? If yes, describe.

Have you been in the hospital within the last 5 years? If so, why? Where?

List all of the medications you are taking.

Do you use any of the following assistive devices?
____Wheelchair
____Walker
____Cane
____Other_____
____None
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SPEECH LANGUAGE HISTORY

Symptom	Never	Sometimes	Frequently

Have you been seen by any other rehabilitation professional?

____Speech therapy: Where: _____ When: _____

____Physical therapy: Where: _____ When: _____

____Occupational therapy: Where: _____ When: _____

Describe your daily communication needs:

What do you hope to get out of speech language therapy?

Is there anything else you think we should know?

Please return this completed form by one of the following ways:

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