

UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC
A UNITED WAY FACILITY
100 Clinical Research Center
HOUSTON, TEXAS 77204-6018
(713) 743-0915

ACCENT MODIFICATION CASE HISTORY ADDENDUM

Name _____ Date _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

I. Background Information

Employer _____

Department _____

Employer's Address _____

City _____ State _____ Zip _____

Occupation _____ Job Title _____

Educational Level or Background _____

Native Language _____ Country _____

How long have you been in the United States? _____

How long have you been speaking English? _____

In what country did you learn English? _____

Please describe how you learned English: _____

When do you speak your native language? _____

How do you feel you would benefit from improving your spoken English? _____

What other language(s) do you speak? _____

Do you have a hearing problem or difficulty in hearing others talk? Yes _____ No _____

If yes, please explain: _____

If there is anything else you would like us to know, please supply that information below:

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GENERAL CASE HISTORY FORM – ADULT SPEECH

Name: _____ Today's Date: _____

Birthdate: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Occupation: _____

Marital Status: _____ Referred by: _____

Physician's Name: _____ Physician's Phone Number: _____

Reports to be sent to: _____

Have you been to our clinic before? If so, when? _____

Are you a veteran of the US Armed Services? _____

Do you need an interpreter at the time of your appointment? If so, what kind? _____

Describe the speech and/or hearing problem briefly in simple terms. Is this the only problem?:

HISTORY OF SPEECH PROBLEM

Age of onset: _____

Conditions of onset: _____

Who first noticed this problem? _____ When? _____

What attempts have been made to treat this problem? _____

Results of this treatment: _____

Has any specialist in speech or hearing ever evaluated you? _____ When? _____

Results of the evaluation: _____

Describe the general course of the problem – has it become better or worse? _____

Describe any circumstances that alter symptoms: _____

Do you consider this problem severe, moderate, or mild? _____

Do you know anyone with a similar problem? _____

State relationship: _____

Have you been criticized about the problem? _____ If so, by whom? _____

When? _____

What was your reaction to the criticism? _____

Is this problem interfering with your employment, social or educational aspirations? _____

If so, how? _____

Do people have difficulty understanding you when you talk with them? _____

If so, do you know why? _____

Have you ever "lost your voice"? – If yes, describe circumstances and duration. _____

Was English your first language? _____ Other languages spoken _____

When did you learn English? _____

MEDICAL HISTORY

Personal physician: _____

Address: _____ Phone Number: _____

Others professionals who have treated you: _____

Address: _____ Phone Number: _____

Do you remember or have you been told of any problems you had as a child (such as late to walk, food allergies, etc.): _____

Please list all illnesses, injuries, and operations:

Name	Date	Fever	Complications	Treatments	Physician
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Any history of colds (excessive): _____ Allergies: _____ Sinus trouble: _____ Sore throats: _____

Upper respiratory infections: _____ Asthma: _____ Pneumonia: _____ Laryngitis: _____

List all present physical disabilities: _____

Current medications you take: _____ Treatments received: _____

Estimate of present physical health: _____

Has your vision ever been tested? _____ Do you wear glasses? _____

Any reason to think that you might have a visual problem? _____

Has your hearing ever been tested? _____ Do you wear a hearing aid? _____

If not, any reason to think that you might have a hearing problem? _____

SCHOOL HISTORY

Educational level completed: Elementary _____ Junior High _____ Senior High _____
College _____ Vocational Training _____ Other _____

Favorite Subjects in School: _____

Difficult Subjects in School: _____

SOCIAL HISTORY

Hobbies: _____ Sports: _____

Leisure time activities: _____

Group memberships: _____

FAMILY HISTORY

Parents' names and ages: _____

Estimate of parents' present physical health: _____

If parents are no longer living, list age at which they died and cause of death. _____

Sisters and brothers: Age _____ Physical Health _____

If there is any family history of chronic illnesses, allergy, speech deficit, learning difficulties, and/or other, please list members and describe condition(s): _____

Check any of the following, which describe your speech or voice:

Often hoarse _____ High pitched _____ Too loud _____ Lacks projection _____ Fast rate _____

"Gravelly" _____ Slow rate _____ Voice tires easily _____ Voice breaks _____ Hesitant _____

Low Pitched _____ Mispronunciation _____ Precise pronunciation _____ "Lump in your throat feeling" _____

Difficult to understand when you talk _____ Stuttering _____

What do you think caused your problem? _____
