

ADULT CASE HISTORY FORM

Name _____ DOB _____

Address:

Post Code:

Tel:

Spouse / Carers:

Name _____ Relationship to client _____

Name _____ Relationship to client _____

Address:

Post Code:

Tel:

OTHER CONTACT TELEPHONE NUMBER(s):

Name _____ No _____

Name _____ No _____

Name _____ No _____

Name _____ No _____

Family Details:

GP Name:	consent to copy____
Address:	
Post Code:	Telephone:

Consultants Name:	consent to copy____
Address:	
Post Code:	Telephone:

Occupation

Medical History:
Diagnosis:
Hearing:
Vision:
Other:

Other professional involved: (tick if consent to copy written reports)

Name:

Title:

Contact Add:

Telephone:

consent to copy___

Name:

Title:

Contact Add:

Telephone:

consent to copy___

Name:

Title:

Contact Add:

Telephone:

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Name:

Title:

Contact Add:

Telephone:

consent to copy___

Name:

Title:

Contact Add:

Telephone:

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Initial reported concerns re communication:

Previous / Existing Speech and Language Therapy:

Observations / information gathered:

Weekly/Daily routines:

Likes/motivators:

Dislikes/Difficulties:

Observations / information gathered cont:

:

Characteristic Behaviours:

Understanding:

Expression:

Speech/Clarity/fluency:

Memory/Cognition:

Motor skills/ Independence:

Eating and drinking:

Reported targets to achieve – Clients/Family views:

Case history taken from:

Case history taken by:

Date: