



Speech and Language Services

1540 South 70th Street, Suite 101
Lincoln, NE 68506

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CASE HISTORY: Adult Neurogenic

General Information

Name:		Birthdate:		Age:		Gender:	
Address:				City, State, Zip:			
Email:				Phone:			
Emergency contact:				Relationship:		Phone:	
Referring physician:				Address:		Phone:	
Names of people you live with:			Age:		Relationship to you:		
Highest grade completed in school:				Highest level of college education:			
Are you retired?		If so, when did you retire?		Currently employed?		How many hours per week?	
Employer/type of work now (or before retired)?							
Title or position now (or before retired)?							
Concerns that prompted you to contact us:							
Services you are seeking from our clinic:							
How did you hear about Communication Works?							

Medical History

	Age at onset		Age at onset		Age at onset
Traumatic brain injury		Alzheimer's		ALS	
Heart attack		Parkinson's		Hearing loss/aids	
Stroke		Dementia		Cochlear implant	
Physical disabilities (please list):					
Chronic conditions (e.g., diabetes):					
Surgeries (please list):					
Other medical events:					

Diagnoses or concerns that have resulted from any of the above (check all that apply):

<input type="checkbox"/>	Aphasia	<input type="checkbox"/>	Verbal language disorder	<input type="checkbox"/>	Memory loss
<input type="checkbox"/>	Apraxia	<input type="checkbox"/>	Receptive language disorder	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Dysarthria	<input type="checkbox"/>	Written language disorder	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Speech disorder	<input type="checkbox"/>	Reading disorder	<input type="checkbox"/>	Agitation
<input type="checkbox"/>	Voice disorder	<input type="checkbox"/>	Cognitive disorder	<input type="checkbox"/>	Swallowing/eating
<input type="checkbox"/>	Stuttering	<input type="checkbox"/>	Organization issues	<input type="checkbox"/>	Vision issues

Communication (check the word that best describes this client):

Able to organize time, make and follow through with plans		Often		Sometimes		Rarely/never
Able to remember people, places, things, events		Often		Sometimes		Rarely/never
Able to remain focused on a task		Often		Sometimes		Rarely/never
Able to follow simple directions		Often		Sometimes		Rarely/never
Able to solve everyday problems		Often		Sometimes		Rarely/never
Able to participate in conversations without getting confused		Often		Sometimes		Rarely/never
Able to use words or sentences to communicate		Often		Sometimes		Rarely/never
Able to recall and use specific words while speaking		Often		Sometimes		Rarely/never
Able to relate clear, concise messages		Often		Sometimes		Rarely/never
Uses words and sentences that do not fit the context		Often		Sometimes		Rarely/never
Repeats what others say, but without apparent meaning		Often		Sometimes		Rarely/never
Speech sound errors interfere with ability to be understood		Often		Sometimes		Rarely/never
Gets frustrated when not able to communicate clearly		Often		Sometimes		Rarely/never

Services or Medical Testing (e.g., CT scan, MRI, EEG that have been, or are still being provided by other agencies):

	Agency/Name of Provider	Age services began	Age services ended
Speech-language testing			
Speech-language therapy			
Physical therapy			
Occupational therapy			
Psychologist/psychiatrist			
Neurologist			
Medical testing			
Other			
Other			
Other			

Is there other information that would assist us in planning assessment and therapy services for you?

Name of person completing case history

Relationship to client

Date

Please provide pertinent medical records, speech/language reports, and other documentation to help us plan the most appropriate services for you. Email, fax, send the information with this form, or ask other providers to send the information to:

Communication Works
 1540 South 70th Street, #101
 Lincoln NE 68506
 OR
 Fax: (402) 904-7651