



**Speech and Language Services**

1550 South 70th Street, #200  
Lincoln NE 68506

Toni B. Morehouse, MA, L-CCC-SLP, BCS-CL, Partner  
Email: [toni@comworkslincoln.com](mailto:toni@comworkslincoln.com)

Carol A. Bowen, MA, L-CCC-SLP, Partner  
Email: [carol@comworkslincoln.com](mailto:carol@comworkslincoln.com)

Website: [www.comworkslincoln.com](http://www.comworkslincoln.com)  
Phone: (402) 480-3152

**CASE HISTORY: Adult**

**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			

What other information 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  
1550 South 70th St, #200  
Lincoln NE 68506  
Fax: (402) 904-7651*