



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

Carol A. Bowen, MA, L-CCC-SLP, Partner
Email: carol@comworkslincoln.com

Website: www.comworkslincoln.com
Phone: (402) 480-31

CASE HISTORY: Adult Fluency

General Information

Name				Birthdate		Age		Gender	
Address				City, State, Zip					
Email				Phone					
Names of people you live with				Age		Relationship to you			
Emergency contact				Relationship		Phone			
Physician				Name of practice					
How did you hear about Communication Works?									
Services you are seeking from our clinic?									

Medical Information

History

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

Past services

	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			

Educational & Work Information

Highest grade completed in school		Highest level of college education	
Are you currently employed?		Place of work	Hours per week
Title or position			
What type of work do you do?			
Amount of time spent:			
On the phone		Leading meetings	Giving presentations

Communication

Fluency

Please check the behaviors that describe your speech			
Repeat the first letter of a word multiple times		Sounds that are hard to say	
Repeat the first syllable of a word multiple times		Examples	
Repeat the first word in a sentence multiple times		Examples	
Repeat words in the middle of sentences		Examples	
Repeat phrases multiple times		Examples	
Pause before starting to speak		Examples	
Certain sounds, words, or phrases you avoid saying			
Strategies you use to help you through a stutter			
Please describe if/how stuttering affects you:			
At home			
At work			
Socially			
When did you first begin to stutter?			

Other areas of communication: (please check the word that most closely describes your communication)

Able to organize time; can 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 solve everyday problems	Often	Sometimes	Rarely/never
Able to participate in conversations without getting confused	Often	Sometimes	Rarely/never
Able to recall and use specific words while speaking	Often	Sometimes	Rarely/never
Able to relate clear, concise verbal messages	Often	Sometimes	Rarely/never
Able to read and comprehend written language	Often	Sometimes	Rarely/never
Able to clearly communicate using written language	Often	Sometimes	Rarely/never
Speech sound errors interfere with ability to be understood	Often	Sometimes	Rarely/never

What other information would assist us in planning assessment and therapy services for you?

Client Signature		Date	
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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

Address: 1550 South 70th St, #200, Lincoln NE 68506

Fax: 402-904-7651

Email: toni@comworkslincoln.com