ADULT APPLICATION FOR LANGUAGE/SPEECH EVALUATION

Western Michigan University Unified Clinics
Charles Van Riper Language, Speech, and Hearing Clinic
1000 Oakland Drive | Kalamazoo, MI 49008 | (269) 387-8047

GENERAL INFORMATION

Name_____ Date of Birth_____ Age_____

Gender ◯Male ◯Female ◯Transgender

Address_____ Phone_____

Marital Status_____ Spouse's Name_____ Information given by_____

REFERRAL AND INSURANCE INFORMATION

Referred by (name and address): _____

Reason for referral: ◯Therapy ◯Consultation ◯Recommendations ◯Other

If Other, please specify: _____

List the agencies or specialists who have seen you/your client.

Agency / Specialist	Address	Date of Examination
1.		
2.		
3.		

Health Services Insurance Information (Check all that apply):

◯Medicaid ◯Other Insurance

If Other, please specify:

_____

_____

HEALTH HISTORY

1. Describe your present general health: _____
2. Do you have any other serious illnesses or diseases?

3. When did the communication problem begin? _____

   How did it arise? _____

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4. Do you have any allergies? ◯ Yes ◯ No

    a. If yes, what allergies? _____

5. Are there any vision problems? ◯ Yes ◯ No Do you wear glasses? ◯ Yes ◯ No

6. Do you walk independently? ◯ Yes ◯ No

   Do you use a cane, walker or wheelchair? ◯ Yes ◯ No

7. Are there any special considerations we need to know about regarding your safety in our clinic? (for example: seizures, risk of falling, other)

8. Please list all prescription and over the counter medications used regularly:

SPEECH AND LANGUAGE HISTORY

1. What is your native language? _____
2. Do you use a language other than English? _____
3. Please tell us about any prior speech-language treatment:

    Dates: _____ Location_____ Therapist_____

    Dates: _____ Location_____ Therapist_____

    Dates: _____ Location_____ Therapist_____

SPEECH AND LANGUAGE INTERVENTION HISTORY

Have you had previous speech therapy? ◯ Yes ◯ No If yes, when? _____

If yes, where? _____ Therapy provided by whom? _____

Please describe the results / recommendations: _____

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HEARING STATUS

Do you have a hearing problem? ◯ Yes ◯ No Describe: _____

Have you had a hearing exam recently? ◯ Yes ◯ No If yes, when? _____

Who performed the exam? _____

Please describe the results: _____

Do you wear hearing aids? ◯ Yes ◯ No

PSYCHO-SOCIAL HISTORY

1. Who is your immediate family _____

   Who is the primary caregiver? _____
2. Please tell us about your occupational and/or work history: _____

   _____
3. Please tell us about your education: Highest level of education achieved _____

   _____

   Special Training: _____
4. Tell us what you like to do for enjoyment, hobbies, and leisure time: _____

   _____
5. Are there any other unique qualities or accomplishments that you would like us to know?

   _____
6. What do you feel is your speech and language problem? _____

   _____
7. How do you feel you are adjusting to the speech and language problems? _____

   _____
8. How do you feel about your speech and language problems? _____

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STATEMENT OF THE PROBLEM

Please describe the communication problem in your own words (give examples).

Please describe the reactions of others (parents, relatives, friends, etc.) to your speech or language.

What do you expect to have answered during your visit to the Charles Van Riper Language, Speech, and Hearing Clinic?

Signature of person completing this form: _____

Relationship to client: _____

Date: _____