

## Member Case History

### Background Information:

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Natural Handedness: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ Stroke: date(s): \_\_\_\_\_

\_\_\_\_\_ Brain Injury: type and date(s) \_\_\_\_\_

\_\_\_\_\_ Primary Progressive Aphasia: \_\_\_\_\_

\_\_\_\_\_ Other Neurological Impairment: \_\_\_\_\_

Describe any special needs or physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Social History:

Education Level: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Career/Work History/Current Place of Employment/Retired? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Born and Raised: \_\_\_\_\_

Circle one: Married Widowed Single Divorced

Disclaimer: This is not an SLP assessment or evaluation resulting in a diagnosis or plan of treatment.

Children:

Name	Age	Spouse	Location

Grandchildren:

Name	Age	Location

Other significant relationships (family or friends): \_\_\_\_\_

---

---

Activities/Interests:

Hobbies/Interests/Sports/Recreation: \_\_\_\_\_

---

---

Describe a typical day before stroke/injury: \_\_\_\_\_

---

---

Describe a typical day after stroke/injury: \_\_\_\_\_

---

---

Describe your use of technology (computer, smartphone, iPad, Kindle, etc.): \_\_\_\_\_

---

---

Describe your level of interest in reading and writing: \_\_\_\_\_

---

---

Disclaimer: This is not an SLP assessment or evaluation resulting in a diagnosis or plan of treatment.

**Speech Therapy History:**

Please list types/locations/amount of speech therapy received in the past. Please feel free to bring in any past therapy reports: \_\_\_\_\_

---

---

---

---

---

---

---

---

**Other:**

What are you hoping to gain from the Center? \_\_\_\_\_

---

---

Please list any other pertinent info that we have not covered on this form: \_\_\_\_\_

---

---

---

---

---

---

---

---

Name of person completing this form: \_\_\_\_\_

Disclaimer: This is not an SLP assessment or evaluation resulting in a diagnosis or plan of treatment.