

Member Case History

Background Information:

Name: _____

Nickname: _____

Date of Birth: _____

Natural Handedness: _____

Describe any special needs or physical limitations: _____

Social History:

Education Level: _____

Language(s) Spoken: _____

Current Living Situation: _____

Career/Work History/Current Place of Employment/Retired? _____

Born and Raised: _____

Circle one: Married Widowed Single Divorced

Children:

Name	Age	Spouse	Location

Grandchildren:

Name	Age	Location

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

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: _____

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: _____

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