

Stroke Comeback Center Member Case History

Please provide information that you feel will help us get to know a new member

Background Information:

Name: _____

Nickname: _____

Date of Birth: _____

Natural Handedness: _____

Describe any special needs or physical limitations: _____

Social History:

Education: _____

Language(s) Spoken: _____

Current Living Situation: _____

Career History: _____

Born/Raised: _____

Marital Status: Married Widowed Single Divorced

Children:

Name	Age	Spouse	Location

Grandchildren:

Name	Age	Location

Other significant family or friends: _____

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

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:

Person completing this form: _____

*Are you interested about learning more about our **Caring Connection** program for family members, caregivers, and friends? If so, please leave your contact information here and we will have a participant from our Caring Connection program reach out to you:*

Name: _____ Relationship: _____

Email: _____ Phone: _____

Prefer contact: morning afternoon evening weekday weekend

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