

San Jose State University, Dept. of Communication Disorders and Sciences
 Kay Armstead Clinic for Communication Disorders
Application for Adult Speech/Language Evaluation

Date of Application: _____

Date received: _____

Please read carefully

Please attach ANY recent and relevant reports from your doctor, other speech therapist(s), and other therapy providers.

A. Reason for Assessment

What would you looking to receive from this assessment? (Confirmation on a previous diagnosis, a diagnosis...)

B. Client Information

Name (Last, First, Middle)		Date of Birth
Place of Birth (Country, State, City, Country)	Gender: (circle one) Male Female	
Street Address:	Home phone:	
City, state, Zip	Cell Phone:	
Email:	Other:	

C. Client Reference Information:

Who referred you to this clinic?		
Person filling out this form	Relation to the client	
Languages spoken:	Primary language:	secondary language:
What percentage of the day is the primary language spoken by the client?	What percentage of the day is the secondary language spoken by the client?	

D. Client Medical History:

Family doctor:	Doctor address:	
Has the client had any significant illnesses, accidents, or surgeries? If yes, please explain.		
List the conditions below the client has had:		
Ear infections/other hearing conditions:	Age:	Severity:
Allergies:	Age:	Severity:
Has the client had seizures or convulsions? If yes, please explain:		

Has the client had been hospitalized? If yes, please explain:	
Does the client hear normally? If no, please explain:	
Has the client had a hearing screening?	Location, name of examiner, findings and recommendations:
Have others (family, neighbor, physician) suggested the client does not hear normally? If yes, please explain:	
Please check below the devices the client has worn or is currently wearing:	
<input type="checkbox"/> Glasses	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Orthodontics:	<input type="checkbox"/> Walker
<input type="checkbox"/> Hearing aides	<input type="checkbox"/> Other:

E. Questionnaire:

What do you feel is the problem with your speech skills, language skills, voice, fluency, swallowing skills, thinking skills, social skills and/or hearing?
What do you feel has caused the problem(s)?
When did you first notice the problem(s)?
What are some situations that exacerbate the problems? (E.g. during confrontations, at restaurants...)
Describe your speech in a situation in which you experienced a problem? (E.g. While talking to my teacher, my speech is stuck in my throat)
How does this problem handicap you in your everyday life?
Please add any additional information that may have a bearing on your communication problem: