CENTER FOR SPEECH & LANGUAGE, INC.

RHONDA H. HEMPHILL, M.S., C.C.C.
AND ASSOCIATES

CLIENT/PATIENT CONSENT FOR INDIVIDUAL EVALUATION

I, ______________________________, hereby give consent to be evaluated and/or treated by Center for Speech & Language, Inc.

______________________________ ________________
Signature of Client/Patient Date

____
Print Name of Client/Patient

CLIENT/PATIENT CONSENT FOR RECORDING

I, ______________________________, hereby give my consent to be video and/or audio taped during evaluation and/or treatment by Center for Speech & Language, Inc.

______________________________ ________________
Signature of Client/Patient Date

____
Print Name of Client/Patient

DO YOU HAVE AN ALLERGY TO LATEX? ______ ______
YES NO

If you do have an allergy to latex, PLEASE LET CLINICIAN KNOW IMMEDIATELY.

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INITIAL EVALUATION QUESTIONNAIRE (ADULT)

Today's Date____________________

Name______________________________________ Date of Birth________________

Address____________________________________ Phone _____________________

City, State & Zip______________________________ Cell Phone__________________

Employer: ___________________________________ Work Phone _________________

Occupation __________________________________ E-mail address________________

Education_____________________________Marital Status__________Children__________

Person responsible for payment (May not be an insurance company unless we have written authorization from them). The client must assume final responsibility for payment even if insurance forms are filed.

Name ____Address_____________________

Who referred you to this Center? ____

Describe the problem for which testing is being requested_________________________

____

Possible cause____

When did you first notice the problem?____

How has the problem changed over time?_______________________________________

Do other people have trouble understanding your speech? ____________________________

Do other people have trouble understanding your meaning? __________________________

Do you have trouble understanding what other people say to you?_____________________

What have you done to help with the problem?_______________________________

____

Has it worked? ____

Have you ever had speech or language testing or therapy? ____________________________

When? ______________________________ Where?_________________________________

What were the results? ____

What information do you hope to get from this evaluation? ____________________________

____

HEALTH AND DEVELOPMENTAL HISTORY

Were there any unusual circumstances associated with your birth or early development? Please describe____

Have you had any of the following? Check and give dates.

_____Measles/Mumps___________
_____Chickenpox_______________
_____Scarlet Fever______________
_____Meningitis________________
_____High Fevers_______________
_____Seizures_________________
_____Allergies_________________
_____Sinus problems_____________
_____Asthma__________________
_____Accidents________________
_____Heart Disease______________
_____Operations________________

_____Ear Infections____________
_____Tubes__________________
_____Hearing loss_____________
_____Dental problems_________
appliances/braces/retainer/
cavities/other____________
_____Vision problems__________
glasses – near/far sighted
tracking/convergence
_____Frequent colds/sore throats
_____Cancer_________________
_____Stroke_________________
_____ Other__________________

If you checked any of the above, please explain _____________________________________

____

Please list any medications you take currently and the reason for the medication_____

____

Have you ever been seen by a neurologist? Psychiatrist? Psychologist?_____________

For what reason?__________________________________When?______________

What was the diagnosis/recommendation?__________________________________

____

Have you ever been seen by a physical or occupational therapist?_________________

When?__________What were the results?__________________________________

EDUCATIONAL HISTORY

Last grade completed__________Name of School_____________________________

What were your easiest subjects?___________________Most difficult?___________

Did you ever repeat a grade?____

Did you attend any special classes (reading, speech/language therapy, learning disabilities, gifted, etc.)?_____________Specify which and in what grades_____________________

Did you receive tutoring?_____________For what subjects?______________________

SOCIAL

Who do you live with?____

How much of your day do you spend talking to other people? ________________________

How much time do you talk on the phone? ______________________________________

Does your speech or language interfere with your work? _________ How does it interfere?

____