

History of Problem (Aphasia or Closed-head Injury)

All questions on both pages must be answered.

Person filling out form (if other than client): _____ Relationship: _____

Marital status of client: _____ If married, name of spouse: _____

Medical History (Related to the Problem)

Date of injury: _____ Date of previous injuries, other problems or illnesses: _____

Cause of injury (accident, stroke, disease): _____

Length of unconsciousness (if any): _____ Describe paralysis (if any): _____

Any complaints of: Dizziness Y N Faintness Y N Headaches Y N ?

Describe any visual or hearing problems? _____

Please describe any other medical background related to the problem: _____

Communication

Please describe the present concern: _____

Previous speech and language assessment: Where? _____ By whom? _____

Diagnosis: _____

What did you understand about the nature of the problem from that evaluation? _____

Please attach or have sent copies of any relevant reports from other agencies.

What was the client's speech and/or language like at the onset of the problem? _____

How has it changed? _____

Check the following according to the client's present abilities (i.e., what you can do):

- | | | |
|---|--|--|
| <input type="checkbox"/> Indicate meaning by gesture | <input type="checkbox"/> Say short sentences | <input type="checkbox"/> Tell time |
| <input type="checkbox"/> Repeat words spoken by others | <input type="checkbox"/> Follow requests & understand directions | <input type="checkbox"/> Write name without assistance |
| <input type="checkbox"/> Use one or a few words over and over | <input type="checkbox"/> Follow radio or television speech | <input type="checkbox"/> Write sentences, letters |
| <input type="checkbox"/> Use some words spontaneously | <input type="checkbox"/> Read signs with understanding | <input type="checkbox"/> Do simple arithmetic |
| <input type="checkbox"/> Say short phrases | <input type="checkbox"/> Read newspapers, magazines | <input type="checkbox"/> Handle money, make change |

Has the client's communication difficulty affected his or her social life? Y N If so, explain: _____

Other languages spoken:

Other Information

Client's: level of education _____ occupation _____
current employment status _____ goals of returning to work (if applicable)

hobbies & special interests _____

preferences in reading material _____

preferences in tv/entertainment _____

preferences in use of writing _____

handedness before injury _____ handedness after _____

Please describe the client's personality: _____

Since the injury, describe any changes in mood, personality, ability to care for self, etc.: _____

Describe involvement in group activities (e.g., bowling leagues, church fellowships, etc.) _____

What do you hope to gain from the present evaluation? _____

What do you hope to gain from treatment? _____

Is there any additional information that would help us better understand the client's problem?: _____

