



**SOUTHEASTERN  
LOUISIANA UNIVERSITY**

**ADULT NEUROPATHOLOGY CASE HISTORY FORM**

GENERAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street City ST/Zip

Email: \_\_\_\_\_

Person filling out this form: \_\_\_\_\_

(Name and Relationship to Client)

Person(s) or agency who referred you to this clinic: \_\_\_\_\_

PERSONAL AND FAMILY HISTORY

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried \_\_\_\_\_

Spouse's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name Address Age

Children:

\_\_\_\_\_  
\_\_\_\_\_

Grandchildren: Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living? \_\_\_\_\_ Deceased? \_\_\_\_\_

If deceased, give cause of death \_\_\_\_\_

MEDICAL INFORMATION

Date of injury? \_\_\_\_\_

Cause of injury? \_\_\_\_\_

Was the client unconscious? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Was the client paralyzed? \_\_\_\_\_ Describe. \_\_\_\_\_

Did the client have convulsions? \_\_\_\_\_ Have they been controlled? \_\_\_\_\_

Does the client complain of dizziness, fainting spells, headaches? \_\_\_\_\_

Explain. \_\_\_\_\_

Does the client have any visual or hearing problems? \_\_\_\_\_

\_\_\_\_\_

Has the client been treated for other illnesses?

Heart Condition \_\_\_\_\_ Stroke \_\_\_\_\_

Others \_\_\_\_\_

Name and address of physician: \_\_\_\_\_

\_\_\_\_\_

Has the client been seen for any of the following services:

	<u>Date</u>	<u>Person/Agency</u>	<u>Address</u>
Speech Therapy	_____	_____	_____

Psychological Counseling/Testing \_\_\_\_\_

Vocational Counseling \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

**SPEECH AND LANGUAGE INFORMATION**

Describe what the client's speech was like at the onset of the problem:

\_\_\_\_\_

How has it changed?

\_\_\_\_\_

\_\_\_\_\_

CHECK THE APPROPRIATE COLUMN AS IT APPLIES TO THE CLIENT NOW. ADD COMMENTS ON THE RIGHT IF NEEDED TO QUALIFY ANSWERS.

CAN

CANNOT

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Indicate meaning by gesture.  |
| _____ | _____ | Repeat words spoken by others.  |
| _____ | _____ | Use one or a few words over and over.   |
| _____ | _____ | Use emotional speech (swear words); count or use other words that occur in a series, days of week, prayers. |
| _____ | _____ | Use some words spontaneously.   |
| _____ | _____ | Say short phrases.  |
| _____ | _____ | Follow requests and understand directions.  |
| _____ | _____ | Follow radio and television speech.   |

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Read signs with understanding.          |
| _____ | _____ | Read single words.                      |
| _____ | _____ | Read newspapers, magazines.             |
| _____ | _____ | Tell time.                              |
| _____ | _____ | Copy numbers, letters.                  |
| _____ | _____ | Write name without assistance.          |
| _____ | _____ | Write single words.                     |
| _____ | _____ | Write sentences, letters.               |
| _____ | _____ | Do simple arithmetic.                   |
| _____ | _____ | Personal care (dressing, shaving, etc.) |
| _____ | _____ | Handle money.                           |

How did the client react when he/she discovered speech was difficult?

\_\_\_\_\_

\_\_\_\_\_

What was your reaction? \_\_\_\_\_

What do you do when the client cannot answer or when he/she tries to talk? \_\_\_\_\_

\_\_\_\_\_

How does the client react when he/she cannot say what he/she wants to?

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL AND SOCIAL INFORMATION:**

**Before the injury:**

Where did the client spend his/her childhood? \_\_\_\_\_

\_\_\_\_\_

Where did he/she go to school? \_\_\_\_\_

What is his/her highest grade/degree completed? \_\_\_\_\_

What is his/her occupation? \_\_\_\_\_

Did he/she like his/her work? \_\_\_\_\_

How long has he/she worked at this job? \_\_\_\_\_

What other work has he/she done? (give dates and length of time)

\_\_\_\_\_

\_\_\_\_\_

What is the client's native language? \_\_\_\_\_

Does he/she speak any other? \_\_\_\_\_

What hobbies or special interests does he/she have? \_\_\_\_\_

\_\_\_\_\_

What television programs does he/she enjoy? \_\_\_\_\_

\_\_\_\_\_

Did he/she do much writing (if so, what kind)? \_\_\_\_\_

\_\_\_\_\_

Which hand did he/she prefer? \_\_\_\_\_

**Describe the client's personality:**

**Before the injury:**

Nervousness

\_\_\_\_\_

Shyness

\_\_\_\_\_

Moods

\_\_\_\_\_

Getting along with others

\_\_\_\_\_

**After the injury:**

How has the client reacted to the injury? \_\_\_\_\_

\_\_\_\_\_

What seems to bother him/her the most? \_\_\_\_\_

\_\_\_\_\_

What personality changes have you noted? \_\_\_\_\_

\_\_\_\_\_

What is his/her attitude toward speech therapy? \_\_\_\_\_

\_\_\_\_\_

Has the physician talked to you about the client's speech difficulty?

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Any further information which may aid the examination? \_\_\_\_\_

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M: FormsVII: Adult Neuropathology Case History Form 9/10

