SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____

_____ DATE: _____

ASSESSMENT TOOL: Case History Aide Options

In the evaluation process, often it is beneficial to ask questions about medical history beyond what is provided in the history and physical from the hospital or clinic that created the initial referral. This case history aide can serve as a guide in order to delve into further areas of history for the patient. It is a short, one-page resource per population, whether the answerer is a caregiver or the patient themselves.

The following forms were created for SLPs to utilize for the above purpose:

- **ASSESSMENT TOOL: Case History Aide Options (Caregiver Version)**
- **ASSESSMENT TOOL: Case History Aide Options (Patient Version)**

Clinicians can opt to print each component form individually through setting preferences, as this resource includes all components in totality.

SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____

_____ DATE: _____

ASSESSMENT TOOL: Case History Aide Options (Caregiver Version)

Does the patient have a history of a neurological event? Such as:

Stroke/CVA	traumatic brain injury	seizure	brain malformations
Brain surgery	impaired consciousness	meningitis	encephalitis or encephalopathy
multiple sclerosis	dementia	brain tumor	hydrocephalus/shunts
dev. disabilities	transient ischemic attack	Parkinson's	Guillain-Barré Syndrome
multiple sclerosis	_____	_____	_____

How are any of the above diagnoses impacted the patient in the areas of speech pathology, which involves communication, swallowing and cognition? _____

_____

Does the patient have a history of falls? Yes or no (circle one)

If yes: How many falls in the last year?_____ Details:_____
How many falls in the last two months? _____ Details:_____
How many falls in the last month?_____ Details:_____
How many falls in the last week?_____ Details:_____

If yes, list the primary cause of the patient's falls: _____

If yes, list the three steps that can be taken now to prevent more falls:

1. _____2. _____3. _____

Does the patient have a medical history impacted by swallowing or causing swallowing problems? Such as:

_____ aspiration pneumonia. How: _____
_____ pneumonia by any cause. How: _____
_____ COPD. How: _____
_____ Esophagus difficulties or reflux/GERD. How: _____
_____ (other) _____ How: _____

Rate the patient's likely quality of sleep. (circle)	none	low	medium	high	very high
Rate the patient's emotional stress level.	none	low	medium	high	very high

List the patient's primary diagnosis that is impacting their speech area of concern, and why: _____

_____

What your goal for the patient/what do you desire the patient to achieve, in general, in life? _____

_____

What is your goal/what do you desire the patient to achieve out of speech therapy services? _____

SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____

_____ DATE: _____

ASSESSMENT TOOL: Case History Aide Options (Patient Version)

Do you have a history of a neurological event? Such as:

Stroke/CVA	traumatic brain injury	seizure	brain malformations
Brain surgery	impaired consciousness	meningitis	encephalitis or encephalopathy
multiple sclerosis	dementia	brain tumor	hydrocephalus/shunts
dev. disabilities	transient ischemic attack	Parkinson's	Guillain-Barré Syndrome
multiple sclerosis	_____	_____	_____

How are any of the above diagnoses impacting you in the areas of speech pathology, which involves communication, swallowing and cognition? _____

_____

Do you have a history of falls? Yes or no (circle one)

If yes: How many falls in the last year?_____ Details:_____
How many falls in the last two months? _____ Details:_____
How many falls in the last month?_____ Details:_____
How many falls in the last week?_____ Details:_____

If yes, list the primary cause of your falls: _____

If yes, list the three steps that can be taken now to prevent more falls:

1. _____2. _____3. _____

Do you have a medical history impacted by swallowing or causes swallowing problems? Such as:

_____ aspiration pneumonia. How: _____
_____ pneumonia by any cause. How: _____
_____ COPD. How: _____
_____ Esophagus difficulties or reflux/GERD. How: _____
_____ (other) _____ How: _____

How would you rate your quality of sleep? (circle one) none low medium high very high

How would you rate your emotional stress level? none low med high very high

List your primary diagnosis that is impacting your speech area of concern, and why: _____

_____

What is your goal/what do you desire to achieve, in general, in life? _____

_____

What is your goal/what do you desire to achieve out of speech therapy services? _____