SLP-chosen for you, from the Nicespeechlady.com library	SPEECH PATHOLOGY PATIENT:	
	SPEECH PATHOLOGIST:	
*** ?	SPECIAL INSTRUCTIONS:	
Nice Speech Lady	рате:	

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.

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		SPEECH PATHOLOGIST:			
* 3		SPECIAL INSTRUCTIONS:			
Nice Speech Lady			DATE:		
ASSESSMENT TOOL:	Case History Aide Options (Caregiver Versio	on)		
Does the patient hav	ve a history of a neurological	event? Such as	<u>s:</u>		
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					
•	e .	•	areas of speech pathology, which involves		
Does the patient ha	ve a history of falls? Yes or no	o (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:	
lf yes,	list the primary cause of the patient's falls:		
lf yes,	list the three steps that can be taken now to preve	nt 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) H	ow:				
Rate the patient's likely quality of sleep. (circle) Rate the patient's emotional stress level.	none low none low	medium medium	high high	very high very high	
List the patient's primary diagnosis that is impacti	ing their speecl	n area of conc	ern, 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?

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	SPEECH PATHOL	SPEECH PATHOLOGIST:			
1 P	SPECIAL INSTRUCTIONS:				
Nice Speech Lady		рате:			
ASSESSMENT TOOL: Case History Aide Options	(Patient Version	1			
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					
	ou in the areas c				
How are any of the above diagnoses impacting y communication, swallowing and cognition?					
communication, swallowing and cognition?					
communication, swallowing and cognition? <u>Do you have a history of falls?</u> Yes or no (circle of If yes: How many falls in the last year?	one)	Details:			
communication, swallowing and cognition? Do you have a history of falls? Yes or no (circle of If yes: How many falls in the last year? How many falls in the last two months?	one)	Details: Details:			
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communication, swallowing and cognition? Do you have a history of falls? Yes or no (circle of falls? If yes: How many falls in the last year? How many falls in the last two months? How many falls in the last month? How many falls in the last week? If yes, list the primary cause of your falls: If yes, list the three steps that can be taken now 1. 2. Do you have a medical history impacted by swa	one) to prevent more	Details: Details: Details: Details: 333			
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communication, swallowing and cognition? Do you have a history of falls? Yes or no (circle of the last year? How many falls in the last year? How many falls in the last two months? How many falls in the last month? How many falls in the last week? If yes, list the primary cause of your falls: If yes, list the three steps that can be taken now 1. 2. Do you have a medical history impacted by swa	one) to prevent more	Details: Details: Details: Details: falls: 3. ss swallowing problems? Such as:			
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communication, swallowing and cognition? Do you have a history of falls? Yes or no (circle of the last year? How many falls in the last year? How many falls in the last two months? How many falls in the last two months? How many falls in the last week? If yes, list the primary cause of your falls: If yes, list the three steps that can be taken now 1. 2. Do you have a medical history impacted by swa	one) to prevent more illowing or cause D. How: How:	Details: Details: Details: Details: Details: 3. 3. ss swallowing problems? Such as: low medium high very high			

What is your goal/what do you desire to achieve out of speech therapy services	What is y	/our goal	/what do	vou desire to	achieve out of	f speech therai	ov services?
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