Cal State San Marcos

Date:_____

Name: _____ DOB:_____

Address: _____ Age _____ Gender: F M

_____

E-mail: _____ Phone: (_____) _____-_____

Primary Caregiver: _____Phone: (_____) _____-_____

E-mail: _____Relationship to client: _____

Emergency Contact: _____ Phone: (_____) _____-_____

Emergency Contact: _____ Phone: (_____) _____-_____

Reason for referral/Referring Person:

_____

_____

_____

Health History

Medical Dx: _____ Date of onset: _____

Living Situation: Home Skilled Nursing Facility Assisted Living Other: _____

Living with: Alone Spouse Caregiver Other Family: _____ Other: _____

Primary Language: _____ Highest Level of Education: _____

Prior Level of Functioning/Work History:

_____

_____

_____

Medical History:

_____

_____

_____

Current Medications: _____

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Hearing/Vision/Other: _____

Hand Dominance: Right Left

Speech and Language

Have you ever had difficultly understanding or expressing yourself?_____

Describe: _____

_____

Have there been previous speech or language assessment/therapy? Y N

Where? _____ By whom? _____

Describe: _____

Describe the present concern: _____

What to do you feel contributes the most to the problem: _____

_____

What difficulty do you have meeting your communication needs? _____

Has your communication difficulty affected your social life? Y N If so, explain: _____

If you didn't have a speech/language problem how would your life be different? _____

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What do you hope to gain from the evaluation/therapy? _____

Family Background

Names and ages of children: _____

Any speech or hearing problems in the family?_____

Describe: _____

General Information

Hobbies: _____

Social and/or civic groups to which you belong: _____

Client interests/Strengths: _____

Client Concerns/Therapy Goals: _____

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PLEASE MAIL THIS COMPLETED FORM, ALONG WITH ANY OTHER APPLICABLE EVALUATIONS/ REPORTS/ PROGRESS SUMMARIES OF PREVIOUS SPEECH LANGUAGE THERAPY TO:

Extended Learning Building
3rd Floor, Suite 331
288 Campus Way
San Marcos, CA 92078
760-750-7300

Thank you!
Any questions please contact: Kristen Nahrstedt , Clinic Director
knahrstedt@csusm.edu

Please use this page to tell us anything else you want us to know.