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Information about You

Name		
Date of Birth		Age
Address		
Telephone Number		
Email Address		
Occupation		
Cultural background and languages spoken		
Referred by		
Person filling out the form (if other than client)		Relationship to client
Marital status		If married, name of partner
Doctor		
Telephone Number		
Private Health Fund		

Medical History

Date of injury:
Type of injury (accident, stroke, disease)
Previous hospital admissions



Please describe any regular medication you are currently taking

Are you currently seeing other Health Professionals?

If so, please list them below:

Please describe any visual or hearing difficulties

Communication

What are the current concerns with communication?

Any previous speech and language assessment

If so, when?

Where?

By who?

Please bring any copies of relevant reports to your appointment.

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

How has it changed?