

# Health PEI

One Island Health System

Speech Language Pathology  
161 St. Peter's Road  
PO Box 2000  
Charlottetown, PE C1A 7N8  
T: 1-844-344-TALK (8255) / F:902-620-3195  
speechandhearing@ihis.org

# Santé Î.-P.-É.

Un système de santé unique

Orthophonie  
161, chemin St. Peter's  
C.P. 2000, Charlottetown  
Île-du-Prince-Édouard, C1A 7N8  
T: 1-844-344-TALK (8255) / F:902-620-3195  
speechandhearing@ihis.org

## Adult Speech and Language Pathology Case History

Name: \_\_\_\_\_ Gender:  Male  Female

Spouse/Partner/Caretaker: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

May we contact you by e-mail  No  Yes E-mail: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of family members living at home? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

If you receive therapy services, who will be assisting you in practice and home activities provided?  
\_\_\_\_\_

### Communication Information

Description of difficulty:  
\_\_\_\_\_  
\_\_\_\_\_

When was difficulty first noted? \_\_\_\_\_

By whom? \_\_\_\_\_

Can you be understood by:

Family Members  Yes  No Friends  Yes  No Strangers  Yes  No

What changes, if any, have occurred since your difficulty was first noticed?  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any previous speech therapy?  Yes  No

When and where? \_\_\_\_\_

Was a report provided to you?  Yes  No

Who was your speech language pathologist? \_\_\_\_\_

Do you have, or have you had, any problems with your hearing? \_\_\_\_\_

Please use additional paper if required to provide detailed information.

## Medical and Health Information

Are you presently under medical care?  Yes  No

If yes, please describe:

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Are you taking any medications?  Yes  No

If yes, please list name and dose:

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Had you had or do you have any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> High blood pressure     | <input type="checkbox"/> Head injuries             |
| <input type="checkbox"/> Stroke                  | <input type="checkbox"/> Visual difficulties       |
| <input type="checkbox"/> Swallowing difficulties | <input type="checkbox"/> Coordination difficulties |
| <input type="checkbox"/> Surgery                 | <input type="checkbox"/> Headaches                 |
| <input type="checkbox"/> Laryngitis              |  |

If you have answered "yes" to any of the above, please provide details:

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## Additional Information

Education:

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Recreational Interests:

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What are your expectations from the speech language pathologist?

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Completed by: \_\_\_\_\_

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

***In order to formally be placed on the wait list for services, please return to Health PEI Speech Language Pathology by mail, fax, or e-mail.***