



College of Health and Human Services
**School of Speech, Language,
and Hearing Sciences**

Speech-Language Clinic
5500 Campanile Drive, San Diego, CA 92182-1518
619-594-7747
FAX: 619-594-7790

Initial Application Form – Adult Speech/Language/Cognition

Not all of the following questions may apply to you. Please fill out the application as completely as possible. Thank you.

Date of Application _____

1. Name _____ Age _____ Date of Birth _____
2. Address _____
(number, street) (city) (zip code)
3. Home Phone _____ Cell/Work phone _____ Email _____
4. Contact Person _____ Relationship _____
Address (if different) _____ Phone _____
5. Person Filling out this application _____
Relationship to Applicant _____ Phone _____
6. Who referred you to the clinic? _____

Applicant Background

7. Reason for requesting services (check all that apply)

Aphasia	_____	Fluency/stuttering	_____
Memory problems	_____	Voice problems	_____
Cognitive problems	_____	Language learning problems	_____
Speech problems	_____	Accent Modification	_____
		How old were you when you came to the U.S.	_____
8. Is the Applicant's communication problem caused by a medical condition? Yes _____ No _____
9. If the answer to #8 is yes, please answer the following questions:
 - 9a. Did the Applicant have a ☐ stroke? ☐ brain injury? ☐ other? _____
 - 9b. Date that the above occurred _____ Age at that time _____
 - 9c. Hospital (acute) _____ Physician at that time _____
 - 9d. Rehabilitation setting _____
10. Please fully describe the nature of the Applicant's communication problems: _____

11. Does the Applicant exhibit: ☐ Right-sided weakness/paralysis ☐ Left-sided weakness/paralysis
☐ Seizures If yes, date of last seizure: _____ ☐ Loss of vision

Does the Applicant wear glasses? _____ Has he/she had a vision exam since the event? ☐ Yes ☐ No

Does the Applicant have a hearing loss? _____ Does he/she wear a hearing aid? _____ ☐ Right ear ☐ Left ear

Handedness (prior to injury): ☐ Right ☐ Left

12. Does the Applicant use a wheelchair? _____ Walker? _____ Cane? _____

13. Has the Applicant had a CT or MRI brain scan? ☐ Yes ☐ No

If yes, what were the results? _____

14. Is there a history of any of the following?

	Yes	No	Describe:
Communication Disorder			
Memory Impairment			
Previous Brain Injury			
Previous Stroke			
Clinical Depression			
Psychiatric Problems			
Alcohol Abuse/Problems			
Substance Abuse			
Dementia			
Other Neurological Diseases			
Heart Problems			
School/learning problems			

15. Applicant's primary language _____ Other language(s) used: _____

16. If the Applicant is not a native English speaker, has his/her skills in English affected: (check all that apply)

Employment _____ Social interactions _____ Education _____

17. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

18. Number of Children: _____

19. What is the Applicant's highest level of education? _____

Degree received, major field of study, graduation date _____

20. Is the Applicant currently employed? ☐ Yes ☐ No If Yes, please fill in the following information:

Name/Location of employer: _____

Job title: _____ How long employed: _____

If No, please fill in any previous place and duration of employment (# of years):

21. List Applicant's interests, hobbies and leisure-time activities _____

22. Who is currently living at home with the Applicant?

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Pets _____

Medical History

23. Has the Applicant had a medical examination in the past 12 months? ☐ Yes ☐ No

If yes, please fill out the following information:

Name of Doctor: _____ Type of Doctor (Specialty): _____

Address of Doctor: _____

24. Has the Applicant had Neuropsychological examination? ☐ Yes ☐ No

If yes, please fill in the following information:

Name of Doctor: _____

Address of Doctor: _____

Results of Testing: _____

25. Has the Applicant received any speech therapy? ☐ Yes ☐ No

If yes, please state when (dates): _____, Where _____

Therapist's name and contact information: _____

26. Is there other information we should know about the Applicant's medical, social, or communication history?

Thank you for being so complete!
