

**University of North Texas**  
**Speech and Hearing Center**  
**Fluency Case History – Adult**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Referred by: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please provide the following information to assist us with your evaluation today.

**Medical History:** Do you have any significant medical issues that you believe correlate with your communication difficulties? If so, please describe.

Are you currently taking any prescription medications? If so, please list.

**Speech/Language Developmental History:** Do you have a history of any of the following?

\_\_\_ late talker

\_\_\_ hearing loss/hearing problems

\_\_\_ late walker

\_\_\_ problems with fine motor coordination

\_\_\_ learning difficulties

\_\_\_ speech difficulties other than stuttering

**Information about your stuttering:**

Has your speech problem been diagnosed as stuttering? If so, when were you first diagnosed and by whom?

Is there any coinciding event you recall occurring with the onset of your speech problems?

Have you previously received speech therapy? If so, where did you receive therapy and for how long?

Please describe any recent changes you have noticed in your speech.

Please describe your current school or employment situation.

What is the highest level of education you have completed?

Please mark any of the following statements that you feel apply to you:

\_\_\_\_\_ my speech has affected by educational success

\_\_\_\_\_ my speech has affected my success at work

\_\_\_\_\_ my speech has affected my friendships and family relationships

\_\_\_\_\_ I am concerned about accomplishing my future goals because of my speech

\_\_\_\_\_ I often make attempts to conceal my speech difficulties

\_\_\_\_\_ I avoid certain situations because of my speech difficulties

Please describe:

When your speech is **most** fluent

When your speech is **least** fluent

Please describe any secondary characteristics (i.e. jaw/lip tremors, eye squeezing/blinking, head movements, foot tapping, poor eye contact, disturbed breathing) you are aware of that accompany your speech difficulties.

How would you describe your personality (i.e. outgoing, shy, perfectionist, sensitive)?

What do you believe needs to happen for your speech to improve?

What would you like to learn from this evaluation?

Is there any additional information you feel is important to share with us today?