



Northern Arizona Healthcare

EntireCare Rehab & Sports Medicine

Flagstaff Medical Center • Verde Valley Medical Center

Speech-Language Pathology

Our goal is to provide you with excellent care

Questions? Call 928-773-2125 at FMC or 928-639-6383 at VVMC

Name _____ Date of birth _____ Age _____ Male _____
Female _____

() - _____ () - _____ () - _____
Home phone Work phone Cell phone

Next of kin _____ Person completing form Self Other

Patient's primary language _____ Primary care physician _____ () - _____
Phone #

Reason for evaluation: Describe your speech-language difficulty:

Check all that apply:

___ Speech ___ Memory ___ Voice ___ Reasoning
___ Finding words ___ Concentrating ___ Reading ___ Swallowing/chewing
___ Understanding ___ Communication ___ Hearing ___ Other _____

When did problems start? _____

What diagnosis did your physician give you? _____

How have the problems changed since you first noticed them? _____

Have you seen any other speech-language specialists? Who and when? What were their conclusions or suggestions? _____

Have you seen any other specialists (audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen and the specialist's conclusions or suggestions.

Background information: Please tell us a little about yourself:

Current employment: Full time:_____ Part-time:_____ Retired:_____ Not employed:_____

Occupation

Employer

Describe your interests and activities:

Health/Medical Information:

Describe any medical conditions you believe might be causing your communication problems:

Do you have a history of any of the following? (check all that apply)

___Hearing problems

___Chronic sinus problems

___Stroke

___Frequent laryngitis

___Brain injury

___Respiratory problems/COPD

___Neurologic disease

___Tumors of the mouth, neck or throat

___Brain tumor

___Head/neck surgery

___Paralysis or muscle weakness

___Immune deficiency

___Coordination problems

___Learning disabilities

___Seizure activity

___Depression/emotional disorder

___Chemical dependency

___Reflux disease

___Heart disease

___Other (describe)_____

Describe any major surgeries, operations, or hospitalizations (including approximate dates):

Describe any major accidents:

Swallowing history: (Please disregard this section if your appointment is for a Speech and Language Evaluation only)

Describe in detail the nature of the swallowing problem: _____

When did the swallowing problem start? _____

Has the swallowing problem gotten better or worse? Please describe: _____

Does the swallowing problem happen with certain foods or liquids? _____

Does the swallowing problem happen at different times of the day? _____

Have you had a swallowing evaluation in the past? If so, when? What were the results? _____
