



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? _____

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

Employer

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? _____
