

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

**LSU Speech, Language, Hearing Clinic**

**64 Hatcher Hall**

**Baton Rouge, LA. 70803**

**Phone: 225-578-9054**

**Fax: 225-578-2995**  

Case History: Neuropathologies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Age: | |  | Sex: |  |
| Date of Evaluation: |  | Date of Birth: | |  | | |
| Address: |  | | |  | | |
| Spouse’s Name: |  | | | Phone: |  | |
| Referred by: |  | | | | | |
| Examiner: |  | CI: | |  | | |
| Who is presently caring for client: | | |  | | | |
| Name of closest relative: | | |  | | | |
| Address: | | |  | | | |
| Phone: | | |  | | | |
| Other Medical Specialists: | | |  | | | |
| Assistive Services (medical, educational, OT, PT): | | |  | | | |
| Describe problems: | | | | | | |

Medical:

|  |  |
| --- | --- |
| Past history of medication and illness? |  |
| When was the problem first observed? |  |
| What was the cause or related factors? |  |
| What has been done about the condition to date? |  |
| What changes have resulted since the illness? |  |

Health:

|  |  |
| --- | --- |
| Describe the status of each item before and after the illness: | Vision: |
| Hearing: |
| Locomotion: |
| Manual Dexterity: |
| Describe the activities of daily living |  |
| Seizures |  |
| Any problems with the following | Ptosis: |
| Diplopia: |
| Palate Movement: |
| Initiating and Maintaining Phonation: |
| Tongue Movement: |
| Swallowing: |
| What is the status of client’s dentition at the present time? |  |
| Does the client have a hemiparesis, hemianopsia? |  |

Psycho-Social Status

|  |  |
| --- | --- |
| Describe educational experiences to the present date: |  |
| Describe types of employment experiences to the present time: |  |
| If employment status has changed since illness described, please discuss |  |
| Describe general personality characteristics by indicating if there has been any change since the illness |  |
| Describe leisure time activities and note if any changes in pattern of behavior have occurred since |  |
| Describe general behavior (fatigue, frustration, memory loss) since the illness and note if any changes have been observed: |  |
|  |  |

Present Behavior (Affective) State:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is client aware that he/she has a problem |  | | | | | |
| Check the findings present: | Alert/  Cooperative |  | | Regressive Behavior | |  |
| Emotional Lability |  | | Depression | |  |
| Confusion |  | | Anxiety | |  |
| Bizarre Behavior |  | | Spatial Disorientation | |  |
| Paranoid Reactions |  | | Other: |  | |
| Has client changed handedness since onset of illness? If yes, explain |  | | | | | |
| Does client appear to understand what is said to him/her? |  | | | | | |
| Does client appear to have difficulty expressing him/herself? If so, describe |  | | | | | |
| Does client appear to have difficulty recalling names of familiar objects? |  | | | | | |
| Does client appear confused as to the use of familiar utensils? |  | | | | | |
| Does client appear to have difficulty recognizing objects? |  | | | | | |
| Does client appear confused? If so, describe: |  | | | | | |
| Does client appear depressed? If so, describe: |  | | | | | |
| Does client every laugh or cry when it is inappropriate for the situation? |  | | | | | |
| Does the client get angry and become uncooperative? |  | | | | | |
| Is it more difficult now for him/her to function in social situations? Describe |  | | | | | |
| How well has he/she adjusted to daily routines? |  | | | | | |
| Does he think in concrete terms (only relates to things seen, heard, or felt)? |  | | | | | |
| Are there automatic verbalizations (use of words or phrases in inappropriate situations)? Describe |  | | | | | |
| Does he/she appear to be alert to environmental changes? |  | | | | | |
| How quickly does he/she tire/and or lose interest? |  | | | | | |
| What is the family’s attitude toward the family? |  | | | | | |
| What personal needs does the client attend to? |  | | | | | |
| What types of duties is the client presently responsible for? |  | | | | | |
| Describe the client’s present speech, language, hearing status: |  | | | | | |
| How well does the client  function in the following situations:  Verbal | Understanding conversation with more than one person | |  | | | |
| Understanding conversation with one person | |  | | | |
| Understanding usual questions | |  | | | |
| Understanding complex directions | |  | | | |
| Understanding simple directions | |  | | | |
| How well does the client function in the following situations:  Reading | Understanding technical material | |  | | | |
| Understanding general (pleasure) material | |  | | | |
| Understanding newspapers | |  | | | |
| Understanding messages | |  | | | |
| Understanding words | |  | | | |
| How well does client communicate by speech (intelligibility, syntactically, complexity, available vocabulary) | Conversation | |  | | | |
| Complex Sentences | |  | | | |
| Simple Sentences | |  | | | |
| Incomplete Sentences | |  | | | |
| Words | |  | | | |
| How well does client communicate by writing (vocabulary, structure, grammar, spelling) | Complex messages: | |  | | | |
| Words: | |  | | | |
| Using Pencil: | |  | | | |
| Other: |  | | | | | |