

Greater Atlanta Speech and Language Clinics

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Working Together for a Greater Tomorrow

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CONFIDENTIAL ADULT QUESTIONNAIRE FOR SPEECH/LANGUAGE AND HEARING EVALUATION

I. GENERAL INFORMATION

1. Name: _____
2. Date of Birth: _____ Age: _____
3. Home Address: _____

4. Telephone: (home) _____ (work): _____ (cell): _____
5. Employer and address: _____

6. Number of individuals living in your home: _____
7. Names and ages: _____

8. Nearest relative: _____
9. Do you speak a second language? _____ If so, what? _____
10. Physician's Name & Address: _____

Phone: _____

11. Nature of your communication problem and when symptoms were first noted:

12. Have you had other evaluations related to current problem: _____

Type: _____

Where: _____

Dates: _____

II. MEDICAL HISTORY

Have you experienced any of the following (please indicate yes or no, describe symptoms, and supply dates when applicable):

Strokes(s) (CVA): _____

Cardiac Involvement: _____

Hypertension: _____

Diabetes: _____

Infection (involving cardiovascular system): _____

Other neurological diseases: _____

Seizures: _____

Head Injury: _____

Relevant surgery: _____

Accidents: _____

Paralysis: _____

Duration of symptoms: _____

Handedness: Right Left Ambidextrous

III. EDUCATIONAL HISTORY

College/Institutions attended: _____

Diplomas or degrees attained: _____

IV. OCCUPATIONAL STATUS

1. Occupation: _____

2. Are you currently employed? _____ If not, date of last employment: _____

3. Type of work? _____

4. Amount of communication proficiency required: _____

V. ADDITIONAL COMMENTS OR CONCERNS: _____
