



CASE HISTORY FORM

Thank you for your interest in Sharon Sokolik and Associates. The information that is requested on this form is designed to provide a better understanding of your speech, language, social and processing skills.

Please fill out this form as fully and accurately as possible, and return the completed form to Sharon via email to sharonsokolik@gmail.com or mail to 6025 Lake Forrest Drive, Suite 250, Sandy Springs, GA 30328.

If there are any items that you do not fully understand, please circle the question. All information on this form will be treated confidentially and will not be released without your permission.

Thank you for choosing us to work with you.

Fondly,
Sharon Sokolik, M.S. CCC-SLP
Hayley Baker, M.S. CCC-SLP
Elana Miller, M.S. CCC-SLP

Identifying Information		Date:
Full Name and Nickname		
Date of Birth		
Address		
Any diagnosis? Please list		
Any special services? Please list:		
Person Completing Form	Relationship to Client	

Description of Abilities
Please describe your current level of speech/language, social and/or processing skills and your concerns.

Hearing Status		
Do you think you have a hearing problem? Explain.		
Has your hearing been tested?	By whom?	Date
List results		

Vision Status		
Has your vision been tested?	By whom?	Date
Glasses? Contacts?	Other results	

Motor Skills		
Receiving physical therapy?	With whom?	For?
Receiving occupational therapy?	With whom?	For?
List any other motor concerns		

Health Information		
Physician		Number
Date of Last Exam		Results
Current Medications/ Reason		

Health History - Have you had any of the following?			
Adenoidectomy	Concussions	Seizures	Measles
Allergies	Dental issues	Headaches	Meningitis
Asthma	Heart Problems	Head injuries	Tonsillectomy
Breathing issues	Ear infections	Other injuries	
Mumps	Encephalitis	High fevers	
Are you currently on a modified and/liquid diet? Please explain.			
Are there any food/liquid textures you avoid?			

Family/Social History
What is your current marital status? Single Married Divorced Widowed
Describe current and/or past occupation/employer:
Highest grade, diploma or degree attained:
Any children? Please list names and ages.
Is there any family history of speech, language, learning, hearing, medical or mental health issues?

Speech and Language History

To the best of your ability, please answer the following questions.

When was your concern first noticed?

Has the problem changed (worsened/resolved) since it was first noticed?

Do you use English as a second language? If so, what is your native language?

What percent of the time is your speech understood by:

Family Friends Coworkers Others

How do your current speech and/or language concerns impact:

performance at work?

communication at home?

interpersonal relationships? (Social skills)

Have speech and language skills been evaluated before? Yes/No

By whom?

Did the evaluation lead to any treatment? Yes/ No

By whom?

What were the results? Do you have any copies of reports from this?

Psychological & Neurological History

Have you had a psychological exam? Yes/No

When?

Report shared with us? Yes/No

Have you had a neurological exam? Yes/No

When?

Report shared with us? Yes/No

Does your see a psychiatrist? Yes/No

When?

Report shared with us? Yes/No

Describe your personality.

What are your favorite activities/hobbies?

Any social problems with family, co-workers or friends?

What is the best way you learn new things? Written Instructions Demonstration Verbal Instruction

Hands-on-Learning Other _____

Additional Information

What information do you hope to obtain as a result of this evaluation?

Is there any additional information you would like to provide that may help us understand your needs?