

THERAPY FOR LANGUAGE AND COMMUNICATION

CASE HISTORY- ADULT

Last Name: _____ First Name: _____ M.I. _____

D.O.B.: _____

Address: _____

Phone: (H) _____ (C) _____

Spouse's Name: _____

Email address: _____

How did you hear about TLC? _____

Physician: _____

Phone: _____ Town: _____

Insurance: _____

ID #: _____ Group: _____

Name of Insured: _____ D.O.B.: _____

Secondary Insurance: _____

ID #: _____ Group: _____

Reason for visit: _____

What is your goal for therapy? _____

List Medical Conditions and Date of Onset :

Current Medications and Dose:

Previous Treatment and Duration:

Other Information:
