

Primary Insurance if filing _____

address

city

state

web address

phone number

Main complaint

- chronic speech sound disorders
- accent modification English Japanese please circle one
- speech clarity issues
- stuttering or other fluency
- rehabilitation after brain injury for aphasia, cognition, etc.

or

please check all that apply

- always had hard time pronouncing certain sounds
please specify which ones _____
 - people don't understand me with my accent
 - people understand me most of the time but I want to improve it
 - people always understand me but I want to improve it for business
or personal reasons
 - stuttering age when it started _____
 - speech is slurred after brain injury or chronic illness
 - hard to make sentences after brain injury or chronic illness
 - hard time finding words after brain injury or chronic illness
 - hard time understanding other people after brain injury or chronic
illness
 - other please describe _____
-

Past medical diagnoses

- native language(s) _____
- conditions or diseases since birth _____
- traumatic brain injury _____
- age when it started _____
- neuromuscular diseases _____
- dementia
- stroke
- mouth and/or throat cancer
- mouth and/or throat surgery
- traumatic injuries to neck and face
- hearing loss
- exposure to loud sounds

Applying for discount?

- senior citizen
- veteran
- low income
- unsupported student
- military

*please provide a copy of the W2

Anything else I missed? _____

