

CALIFORNIA STATE UNIVERSITY, LOS ANGELES*Confidential*

Department of Communication Disorders
5151 State University Drive
Los Angeles, CA 90032
(323) 343-4754 or 343-4690

Date: _____

**Robert L. Douglass Speech-Language Clinic
SPEAK OUT! Case History Form**

Name: _____ **Pronouns:** _____
Address: _____
Number/Street City Zip
Cell Phone: () _____ **Work Phone:** () _____
Email: _____ **May we contact you via email?** Yes No
Date of Birth: _____ **Age:** _____
Primary Language: _____ **Secondary Language:** _____
Relationship Status: Married Single Partnership Widowed

Name of person completing this form (if other than the client): _____
Relationship to Client: _____
Address: _____
Number/Street City Zip
Cell Phone: () _____ **Work Phone:** () _____
Email: _____ **May we contact you via email?** Yes No

Name of Person who referred to this clinic: _____
Professional Position: _____
Employer: _____

Education/Occupation

Highest level of education completed: Middle School High School Bachelors Masters PhD MD
Degree Area: _____
Current occupation: _____
Name of Employer: _____

Medical History

When were you diagnosed with Parkinson's? _____
Age at time of diagnosis? _____

Name of Physician: _____
Address: _____
Number/Street City Zip
Phone: () _____

List any operations and serious illnesses and injuries

Illness, Injury, Operation	Date	Description

List any medications you are currently taking

Medication	Dosage	Reason

SPEAK OUT Information

When did you complete SPEAK OUT Therapy? _____

Who was your therapist? _____

Where? _____

How many sessions did you complete? _____

How often do you complete the SPEAK OUT! Exercises? _____

Do you participate in the on-line Speak OUT! Practice sessions? _____

What SPEAK OUT! Techniques are you **most** comfortable using? _____

What SPEAK OUT! Techniques are you **least** comfortable using? _____

What else should we know about your voice? _____