UT Health San Antonio
Communication Sciences & Disorders

Contact information

Full name	
Home address	_____ Street address _____ _____ _____ City State Zip
Cell or home phone	
Email address	
Name and relation of support person	
Support person cell or home phone	
Today's date	

Medical information

Date of birth	Month | Day | Year
Gender	Circle: Male Female
Medical history	Check √ all that apply: ☐ Stroke: date(s): _____ ☐ Brain injury: type and date: _____ _____ length of unconsciousness: _____ ☐ Primary progressive aphasia / FTD date of diagnosis: _____ ☐ Other neurological impairment: explain: _____ ☐ Seizures ☐ Vision problems ☐ Glasses or contact lenses ☐ Hearing loss ☐ Hearing aids date of last hearing test: _____ ☐ Allergies: _____ ☐ Nutrition problems: _____ ☐ Swallowing problems: _____ ☐ Memory loss ☐ Pulmonary problems: _____ ☐ Heart problems: _____ ☐ Arthritis ☐ Difficulty concentrating ☐ Difficulty sleeping

Medications	1.	2.
	3.	4.
	5.	6.
	7.	8.

Family information

Current living situation	Circle: married widowed single divorced _____ Who do you live with?

Children	Name	Age	Spouse	Location

Grandchildren	Name	Age	Location

Name and relationship of *other* significant individuals (ex. friends, siblings, etc.)	

Personal information

Career / Type of work (current or previous)	
Volunteer position(s)	
Education level	Circle highest level: Less than High school Highschool diploma Some college BA or BS Graduate degree: _____
Language(s) other than English	
Cities and countries you have lived	
What are hobbies, sports, recreations, interests, foods, entertainment do/did you enjoy?	
What group activities do/did you enjoy? (ex. church fellowships, bowling leagues, etc.)	

Communication

I communicate using….	Circle all that apply: Gestures Pictures AAC device Writing Drawing Typing Vocalization (not words) Spoken “yes” and “no” One or a few words over and over 2-3 word phrases Full sentences
I have trouble…	Check √ all that apply: ☐Using words/sentences spontaneously ☐Recalling names of people, objects, etc. ☐Being understood by other ☐Repeating words ☐Reading signs, menus, ingredients, medical forms ☐Reading books, magazines, newspapers ☐Writing my name without assistance ☐Writing sentences ☐Using my dominant hand for writing ☐Following directions ☐Following conversation ☐Following speech on the radio or television

Because of my communication difficulties, I….	Check √ all that apply: ☐ am unable to work ☐ do not go out to restaurants, shopping, etc. ☐ spend less time with friends and/or family ☐ have fewer friends ☐ avoid activities I used to enjoy ☐ avoid talking on the phone ☐ am unable to do chores inside or outside the house without help ☐ have difficulty participating in conversations ☐ have difficulty expressing my feelings ☐ have difficulty expressing my wants and needs ☐ other: _____ _____
Have you had speech therapy before?	If yes, where? When? _____ _____ _____
What is your goal(s) for this program?	

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To help us with scheduling, please complete the information below.

_____ _____

Patient name Date

Please circle all sessions that you would be able to attend:

June 6-17 June 20-July 1 July 11-22

All sessions will be held in the morning for 3-4 hours on the campus of UT Health San Antonio.

We cannot guarantee availability of sessions but will do our best to accommodate preferences.

Thank you,

The Aphasia Program coordinators