## **History of Problem** (General)

## All questions must be answered on this page.

| Describe the present concern:  |
|--|
| Describe the history of the problem:   |
| Have there been previous speech or language assessments? Y N Where? By whom? When? |
| Describe:  |
| Has there been previous treatment? Y N Where?                                      |
| By whom? When?   |
| How long? Describe:  |
| What do you feel contributes the most to the problem?                              |
| What are your feelings about the problem?  |
| Has your communication difficulty affected your social life? Y N If so, explain:   |
| If you didn't have a speech problem how would your life be different?              |
| What do you hope to gain from the present evaluation?                              |
| What do you hope to gain from treatment?   |
| Other information you would like us to know:                                       |