A. MEDICAL HISTORY

1. What is your primary disability?

________________________________________________________________________

________________________________________________________________________

2. Is your disability the result of a recent accident or illness? If so, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have any medical conditions which have affected your ability to communicate? If yes, please indicate the type of condition.

________________________________________________________________________

________________________________________________________________________
3. Are you presently taking any medication? If so, please list and indicate reason for taking them.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Describe any pertinent surgery you have had. Indicate year of the surgery.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Have you ever had any of the following? Please check all that apply:
   □ Influenza
   □ Stroke
   □ Seizures
   □ Pneumonia
   □ Meningitis
   □ Encephalitis
   □ Heart Disease
   □ Weakness of arms or legs
   □ Uncontrollable trembling
   □ Difficulty swallowing
   □ Shortness of breath
   □ Measles
   □ Allergies
   □ Sinus problems
   □ Frequent colds
   □ Thyroid problems
   □ Other (please describe):______________________

B. VISION STATUS
1. Please check appropriate box:
   □ No visual impairment
   □ Visual impairment

2. Date of most recent vision exam:____________________________

3. Results:________________________________________________
   __________________________________________________________

4. Do you wear glasses or contacts? If so, for what purposes?______________________
   __________________________________________________________
C. HEARING STATUS
1. Please check appropriate box:
   □ No hearing loss
   □ Hearing loss

2. Date of most recent hearing exam:____________________________

3. Results:________________________________________________________
   ______________________________________________________________

4. Do you wear a hearing aid?_______________________________________

5. Do you use sign language?________________________________________

D. MOTOR STATUS
1. Please check appropriate box:
   □ No motor loss
   □ Motor impairment  (If yes, please answer below)

2. Are you ambulatory?_____________________________________________

3. Do you require any special equipment for mobility purposes?________
   ______________________________________________________________

4. Please describe the nature of your physical impairment.______________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

5. Please describe paralysis or paresis, if any exists.__________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

E. COMMUNICATION STATUS
1. Why do you wish to be evaluated at our clinic?_______________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. How do you communicate most of the time? (Check any appropriate boxes)
   □ Speech
   □ Manual signs (ex. pointing, gesturing, etc.)
   □ Photographs/pictures
   □ Communication board
   □ Electronic communication device  (please specify):_________________
   □ Sign Language
   □ Other________________________________________
3. If you have communicated by means other than speech in the past (ex. gesturing, devices, etc…), please describe your successes or failures using them.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Check the appropriate column as it applies to you now:

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Indicate meaning by gesture
Repeat words spoken by others
Use one or a few words over & over
Use swear words often

Use some words spontaneously
Say short phrases
Say short sentences
Follow requests
Understand directions
Follow radio or TV speech
Read signs with understanding
Read newspapers, magazines
Tell time
Write name without assistance
Write sentences, letters
Do simple arithmetic
Handle money and make change

F. PERSONAL INFORMATION

1. What is your occupation/former occupation?_________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What is your highest level of education?________________________________

________________________________________________________________________

________________________________________________________________________

3. Please describe your involvement in activities (i.e., church, sports, hobbies…).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Please describe your typical daily activities and in what settings (home, work, etc.) they occur.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Have your communication difficulties since the injury changed your life? If so, how?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
6. Are there times of day or situations in which your communication is better? Worse? Please explain.

________________________________________________________________________

________________________________________________________________________

7. How do others react to your communication?

________________________________________________________________________

________________________________________________________________________

8. Please list those family and friends with whom you regularly interact with.

________________________________________________________________________

________________________________________________________________________

9. Would you be willing to use a communication board or device if recommended? Why or why not?

________________________________________________________________________

________________________________________________________________________

10. Will significant others be participating in this evaluation? If so, who?

________________________________________________________________________

________________________________________________________________________

11. Are significant others willing to learn and use a non-speech communication system?

________________________________________________________________________

________________________________________________________________________

12. If recommended for a device, how would you fund the device?

________________________________________________________________________

________________________________________________________________________

13. Are there any concerns you would like to discuss regarding your communication?

________________________________________________________________________

________________________________________________________________________