

CASE HISTORY FORM (Bloom and Cooperman)

Client: _____ Parent(s): _____

Address: _____ Referred By: _____

_____ DOB: _____ DOE: _____

1. Please describe the speech pattern about which you are concerned.

2. Please explain why you are seeking an evaluation and treatment at this time.

3. What were the circumstances surrounding the onset of the stuttering?

4. Has the stuttering pattern changed since onset? If so, please describe the changes.

5. Please describe any previous history of evaluation or treatment for stuttering or any other communication problem.

6. Please note any remarkable developmental history (i.e. motor, speech, or language development).

7. Please note any early or continuing medical concerns.

8. Please comment on educational issues or concerns.

9. Please describe the social skills of the client.

10. Does the fluency change with different family members? Please describe.

11. Is there a family history of stuttering or other speech disorders? Please describe.

12. Please describe any tension related to employment, family, and/or social interactions.

*** The following questions relate to children.**

13. Please describe how family members respond to the child's dysfluency.

14. Please describe the child's social interactions at home and away from home.

15. Please describe the child's academic performance. Have there been recent changes?

16. Please describe the child's awareness and level of concern about stuttering.
