



Adult Case History Form

DEMOGRAPHIC INFORMATION:

Patient's Name: _____ Date of Birth: _____ Male Female

Address: _____ Phone: _____

Email: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Who referred you to this clinic? _____

Reason for referral: _____

BACKGROUND INFORMATION:

What are your current concerns regarding your speech, language, swallowing, or cognitive (thinking) skills?

What do you think caused the difficulties listed above? _____

When was the problem first noticed? _____

Has the problem changed (worsened/resolved) since it was first noticed? Describe. _____

Have you ever seen a specialist/therapist regarding these difficulties? Who and when? What were their conclusions/recommendations? _____

How or where does the difficulty impact you the most? _____

Please indicate if you experience any of the following:

	Never	Sometimes	Frequently
Difficulty swallowing			
Difficulty expressing thoughts			
Difficulty being understood by others			
Difficulty understanding what others are saying to you			
Difficulties with orientation (knowing the day, time, place, etc.)			
Difficulty with memory			
Difficulty with problem solving			
Difficulty with focusing/attention			
Difficulty reading/writing			
Difficulty finding words			
Difficulty maintaining topic of conversation			
Stuttering			
Difficulty following directions			
Oral motor weakness (weakness, difficulty coordinating tongue, cheeks, lips, etc.)			
Voice difficulties			

MEDICAL HISTORY

Have you ever been diagnosed with/experienced any of the following?

- ADD/ADHD
- Allergies
- Asthma
- Back Pain
- Cancer
- Cerebral Palsy
- Dementia
- Diabetes
- Ear infections
- Epilepsy
- GERD (reflux)
- Head injury
- Hearing loss
- Heart problems
- Hypertension
- High fevers
- Ventilator dependency
- Voice Impairment
- Hormonal changes
- Laryngitis
- Learning disability
- Physical limitations
- Pneumonia
- Bronchitis
- Respiratory disease
- Shortness of breath
- Seizures
- Sinus Problems
- Speech/Language Impairment
- Stroke (CVA/TIA)
- Tracheostomy tube
- Thyroid disease
- Visual impairment

Other medical history: _____

Please list any surgeries (include approximate dates if possible): _____

Please list any hospitalizations (include reason and dates if possible): _____

Please list any medications you are currently taking (and reason for medication): _____

Do you have any known allergies (medications, foods, latex, seasonal, etc.)? Please list. _____

Have you ever received any type of therapy (speech/language, occupation, physical)? If so, please indicate which type(s), durations, and conditions treated in therapy. _____

FAMILY/SOCIAL HISTORY

Current marital status: Single Widowed Divorced Married- Spouse's name: _____

What is/was your occupation? _____

Who is/was your employer? _____

What was your highest level of education? _____

List any children (names, gender, and ages). _____

Who is currently living in your home? _____

What kind of home do you currently live in (for example, 2-story house, 2nd floor apartment, etc.)? _____

Is there any family history of speech, language, hearing, learning, medical, and/or mental health issues? Describe. _____

List hobbies/interests: _____

ACTIVITIES OF DAILY LIVING

Do you require assistance with any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Money management | <input type="checkbox"/> Telling time |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Making phone calls |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Medication management |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Other _____ |

GOALS

What are your current goals regarding speech therapy? _____

ADDITIONAL INFORMATION:



Speech Works of Alabama, LLC

CONSENT TO TREAT- ADULT

I, _____, hereby request and consent to Speech Works of Alabama, LLC to perform evaluation, treatment and care as prescribed by a physician and/or recommended by a speech-language pathologist.

I understand and am informed that, as in the practice of medicine, speech language and swallowing therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered prior to treatment.

I have carefully read and fully understand this Consent to Treat form and have had the opportunity to discuss it with the treating therapist.

I consent and authorize Speech Works of Alabama, LLC to administer evaluation and treatment under the direction of a certified speech-language pathologist.

Signature of Patient/Legal Representative: _____

Printed name of Patient/Legal Representative : _____

Date: _____



Speech Works
of Alabama, LLC

Patient Waiver/Consent and Agreement to Pay Form

I, _____ understand that by signing this waiver, I am agreeing to pay for any non-covered services provided by Speech Works of Alabama, LLC.

Every billing effort will be made to obtain reimbursement of the services provided from my insurance carrier. In the event of a denial of payment by the insurance carrier, I agree to be responsible for the allowed amount of the charges or a remaining balance after my insurance has paid in full. I understand that as a patient/guardian, I have the responsibility to notify Speech Works of Alabama, LLC in the case that my insurance coverage changes.

I have read and understand the terms of this form.

Patient's Signature: _____

Date: _____

Parent or Legal Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.



Speech Works
of Alabama, LLC

Notice of Privacy Practices

My signature below acknowledges that I have received a copy of Speech Works of Alabama, LLC's Privacy Practices, and affirms that I understand its contents. I understand that I have the right to ask for additional copies at any time.

Patient's (or guardian's) signature: _____

Date: _____

**Speech Works of Alabama, LLC
1400 Highway 78 West, Ste 200
Jasper, AL 35501**

NONDISCRIMINATION POLICY

As a recipient of federal financial assistance, Speech Works of Alabama, LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Speech Works of Alabama, LLC directly or through a contractor or any other entity with whom Speech Works of Alabama, LLC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Speech Works of Alabama, LLC
Emily Sentell
205-512-1117

**Speech Works of Alabama, LLC
1400 Highway 78 West, Ste 200
Jasper, AL 35501**

SECTION 504 NOTICE OF PROGRAM ACCESSIBILITY

The regulation implementing Section 504 requires that an agency/provider *"shall adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* (45 C.F.R. §84.22(f))

This provider and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level. Building is single-level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, and patient treatment areas.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge for such aids:
 - Readers for persons with visual impairment
 - Interpretation services (CyraCom) for patients who communicate via ASL.
 - Writing materials/computers/tablets for persons with speech impairments.
 - Assistance with writing as needed.
 - Etc.

If you require any of the aids listed above, please let the receptionist or speech therapist know.