

**SPEECH AND HEARING CENTER  
MARSHALL UNIVERSITY  
400 HAL GREER BOULEVARD  
HUNTINGTON, WV 25755-2675**

**Before you can be given an appointment for a speech, language or hearing evaluation at the Marshall University Speech and Hearing Center, we will need the following information. The information that you provide will be used to plan the most appropriate and thorough evaluation. To avoid any delay in scheduling an evaluation, please fill out this form as completely as possible and return to the above address.**

**Date:** \_\_\_\_\_

**Type of Evaluation Desired:**

\_\_\_\_ **Speech/Language (includes hearing screening)**  
\_\_\_\_ **Audiological**

**Client's Name:** \_\_\_\_\_ **Daytime Telephone:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Information furnished by:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

**Name, address and title of person (or agency) who referred you to this Center:**

\_\_\_\_\_

**Has the client ever been examined in this Center before?** \_\_\_\_\_

**If so, when?** \_\_\_\_\_

**Describe in your own words the patient's communication disorder. Include your opinion of causes or contributing factors. How does the patient's speech or language problem affect his/her daily living?**

**Describe the hearing problem.**



**Special Problems**

**Treatment Received**

**Eyesight**\_\_\_\_\_

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**Hearing**\_\_\_\_\_

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**Convulsions**\_\_\_\_\_

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**Cerebral Palsy**\_\_\_\_\_

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**Mental Retardation**\_\_\_\_\_

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**Other**

**Did any of the above have complications, either mild or severe, which may relate to the speech and/or hearing problem?**

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**Has patient received a prior speech examination? Prior hearing test? Prior neurological examination? Prior psychological examination? Complete medical examination? (Please identify the person, place, time, and results of the examination.) Please bring results with you to the evaluation or have sent to this Center any information regarding special testing, if possible.**

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**EDUCATIONAL HISTORY**

**Describe Educational Status:**

**(Highest grade achieved, ever enrolled in a special class, grades repeated, special problems in school, if any, etc.)**

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**FAMILY HISTORY**

**Married**\_\_\_\_\_

**Single**\_\_\_\_\_

**Indicate the number of persons in the home; occupation and number of persons employed outside the home.**

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