

UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC
3871 HOLMAN ST.
HOUSTON, TEXAS 77204-6018
(713) 743-0915

CASE HISTORY FORM – DYSPHAGIA

Name: _____ Today's Date: _____

Birthdate: _____ Sex: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Occupation: _____

Marital Status: _____ Referred by: _____

Physician's Name: _____ Physician's Phone Number: _____

Reports to be sent to: _____

Contact person if different from yourself: _____

Have you been to our clinic before? If so, when? _____

Are you a veteran of the US Armed Services? _____

Do you need an interpreter at the time of your appointment? If so, what kind? _____

Describe the swallowing problem briefly in simple terms. Is this the only problem?:

HISTORY OF SWALLOWING PROBLEM

Approximate date of onset: _____

Conditions of onset: _____

Current mode of nutrition: _____

What attempts have been made to treat this problem? _____

Results of this treatment: _____

Have you had your swallowing evaluated? _____ When? _____

Results of the evaluation: _____

Describe the general course of the problem – has it become better or worse? _____

Describe any circumstances that alter symptoms: _____

Do you consider this problem severe, moderate, or mild? _____

09/09/2025

MEDICAL HISTORY

Personal physician: _____

Address: _____ Phone Number: _____

Others professionals who have treated you: _____

Address: _____ Phone Number: _____

Please list all illnesses, injuries, and operations:

Name	Date	Complications	Treatments	Physician
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Any history of colds (excessive): _____ Allergies: _____ Sinus trouble: _____ Sore throats: _____

Upper respiratory infections: _____ Asthma: _____ Pneumonia: _____ Laryngitis: _____

List all present physical disabilities: _____

Current medications you take: _____ Treatments received: _____

Estimate of present physical health: _____

EDUCATIONAL AND WORK HISTORY

Educational level completed: Elementary _____ Junior High _____ Senior High _____

College _____ Vocational Training _____ Other _____

Profession: _____

Current job: _____