

CommuniCare Therapy Inc.
Registered Speech Language Pathologist
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Client Case History

First name: _____ Last name: _____

Age: _____

Language(s) spoken: _____

Occupation: _____

Medication(s): _____

Current diagnosis, if any:

Past medical history:

What is difficult for you right now in terms of communication?

Who do you communicate with frequently?

Interests and hobbies:
