

**SPEAK OUT!® and LOUD Crowd® Initial Intake:**

**Biographical Information:**

Name:	
Address:	
City, State, Zip:	
Phone:	
Email Address:	
Age:	
Date of Birth:	
Diagnosis/ Stage:	
Date of Initial Diagnosis	

**Background Information:**

<b>Neurologist:</b>	Name: Phone: Address: City, State, Zip:
<b>Ear, Nose, Throat (ENT):</b>	Name: Phone: Address: City, State, Zip:
<b>Previous Speech-Language Pathologist:</b>	Name: Phone: Address: City, State, Zip:

***Past Medical History/ Parkinson's Symptoms/ Initial Concerns:***

What were your initial Parkinson's Disease symptoms?	
Do you have any other medical diagnoses or concerns?	
Medication(s) for Parkinson's Disease:	1. 2.

Are your medications helpful?	
How do your medications affect your voice/ speech?	
Do your symptoms vary?	
Other Medications:	1. 2. 3. 4. 5. 6.

***Previous Treatment:***

Have you had speech treatment in the past?	
Have you had LSVT/ Speak Out before?	
<i>If so, do you feel it was beneficial in making your voice louder?</i>	
<i>When did treatment end?</i>	
<i>What changes did you notice with Treatment?</i>	
<i>How is your speech now?</i>	

***Speech Symptoms:***

When did you first notice changes in your speech/ voice?	
What are your symptoms now?	
What are your biggest problems with communication?	
What do you do to improve your speech/ voice?	

How much of your speech do you feel people understand?	
How much are you required to speak during the day?	
Do you feel you talk less since being diagnosed?	

*Please circle 'yes' or 'no'*

Do people ask you to repeat often?	Yes	No
Would you consider your voice to be monotone?	Yes	No
Do you feel you run out of breath while speaking?	Yes	No
Is it hard for you to take a deep breath or to catch your breath?	Yes	No
Is your voice higher or lower in pitch than it was before you were diagnosed? <b>Lower</b>	Yes	No
Does your voice crack or cut out or do you experience breaks in pitch in your voice?	Yes	No
Is your singing voice different than before your diagnosis?	Yes	No
Has the quality of your voice changed? Is it rougher or breathier? <b>Breathier</b>	Yes	No
Do you feel fatigued at the end of the day?	Yes	No
Do you have trouble with loudness?	Yes	No
Do you notice that you mumble or slur your speech?	Yes	No
Is your speech faster or slower?	Yes	No
Do you stutter when you are speaking?	Yes	No
Does your voice sound more hyper- or hyponasal?	Yes	No

**Cognitive Symptoms:**

Do you have any difficulty remembering things?	Yes	No
<i>If so, please describe: Walks into a room and forgets why he went in there, appointments, things at the store</i>		
Do you take medication that helps with your memory or thinking:	Yes	No
Do you need help remembering to take your medication?	Yes	No
What else do you need help with? (please describe) Putting on shoes		

**Goals for Treatment:**

Are you currently working or do you volunteer?
Does Parkinson's Disease affect your ability to keep doing these things?
What bothers you the most about your diagnosis?
What are your goals for this program? What would you like to improve?
Are there things that you have stopped doing?
Please list your hobbies/ interests:
Are there other things you want us to know about you?
Are you interested in getting more involved with other groups in your interest areas?

<b>Other Comments:</b>
------------------------