

Communication History Form

Please complete this form to help us communicate with:

Return to:



Your Name

Relationship



Please share your contact details, so we can get in touch

The following questions are about your friend/ relative. They will help us support their communication



Please name family members, friends, pets.



Please indicate what your friend relative would typically do on each day of the week.



	Day time	Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please tell us a bit more about your friend/ relative.

Employment History

Hobbies/ Interests

Personality

Which everyday communication activities do they engage in?



Read	YES	NO			Comments
Write	YES	NO			Comments
Use a computer	YES	NO	Email	Internet	Comments
Use a tablet e.g. ipad	YES	NO			Comments
Answer the door	YES	NO			Comments
Use a telephone	Mobile	Land	NO		
Manage own bills	YES	NO			Comments
Go shopping	YES	NO			Comments
Do cooking	YES	NO			Comments
Use Public Transport	YES	NO			Comments

Do they

Wear glasses	Reading		Distance		Bifocal	Contact Lenses
Use a hearing aid	Left	Right	Both	NO		
Wear dentures	Upper	Lower	Both	NO		
Dominant Hand	Left	Right				

Thank you for completing this form. It will help us plan goals and therapy with your friend/relative.

Any questions? Please don't hesitate to contact us: