CLIENT INFORMATION RECORD

Precision Fluency Shaping Program

Client Name Jonathan Moore Sex M

Parents' Name
(children under 16)
Address 605 Redstone Dr. Northbrook 75 (Mailing PO Box 642)
Bristol TN 37620
Zip

For Clinic Use Only

Case #	7896
Date of application	5/3/88
Date in PFSP	9/11
Date completed PFSP	9/29/89
Therapist Name	LB
Institution	HCRI

Home telephone AC 615/878-2832 Business or College telephone AC

Occupation Student Age at Onset of Stuttering 3

Employed by —

Date of birth 4 (mo) 24 (day) 78 (year) Age at entry into PFSP 11 yrs 5

Native language English Estimate of Present Severity: ☐ Mild ☑ Moderate ☐ Severe

Education: (Highest grade level completed) 5th gr.

PERSONAL HEALTH INFORMATION

General Health: ☑ Good ☐ Fair ☐ Poor
Handedness: ☑ Right ☐ Left
Hearing Problem: ☐ Yes ☑ No
Chronic Ear Infections: ☐ Yes ☑ No
If "Yes," specify

OPERATIONS

Type	Year	Type	Year
☐ Ear		☐ Larynx	
☐ Eye		☐ Tonsillectomy	
☐ Other			

PRE-ENTRY

Perceptions of Stuttering Inventory: (enter # items checked for each scale) S 12 A 6 E 8 Total 26

SPECIAL CONDITIONS

☑ Additional Speech Problem	☐ Mental Retardation
☐ Alcohol Problem	☐ Prescribed Medication
☐ Cerebral Palsy	☐ Psychological Problem
☐ Drug Problem	☐ Special Academic Problem
☐ Learning Disability	☐ Other

FAMILY HISTORY OF STUTTERING

Relationship (to client)	Severity: Mild	Moderate	Severe
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Notes: Lateral Emission Lisp.

TREATMENT HISTORY

Type of Therapy	Date of Treatment (— to —)	Facility (clinic, hospital, private or school)
Acceptance		
Air Flow Technique	1986-87	School
Articulation		
Chemotherapy (drugs)		
DAF	1983-85	clinic
Desensitization		
Hypnosis		

Type of Therapy	Date of Treatment (— to —)	Facility (clinic, hospital, private or school)
Summer Program		
Metronome		
Psychiatric Treatment		
Relaxation	1986-87	School
Slowed Speech, etc.	1988	School.
Other		