

Voice Case History Form

Name: _____ Date of exam: _____
Primary Care Physician: _____ Referral Physician: _____
Medical diagnosis: _____ Date of onset of diagnosis: _____
When did you first see a doctor about the problem? _____ Name of doctor? _____
What did the doctor recommend you do about the problem? _____
What other doctors have you seen about the voice problem and when? _____
What treatments have you received for this problem (including counseling)? _____

Other relevant medical history/diagnoses/surgery

1. Did you have any severe illnesses or injuries during your childhood? _____

2. Please indicate if you have had any of the following illnesses and include age, frequency, and complications:

- | | |
|----------------|-----------------|
| Tonsillitis | Sinus |
| Strep Throat | Post Nasal Drip |
| Ear Infections | Asthma |
| Colds | Bronchitis |
| Chronic Cough | Laryngitis |

Any chronic conditions or illnesses? _____

3. Have you ever had an accident and hurt your head, neck or chest? _____

4. Have you ever been hospitalized or had any operations? Please explain. _____

5. Are you aware of problems with any of the following:

- | | |
|-----------------------------------|----------------|
| Thyroid Gland | Anemia |
| Tremors | Blood Pressure |
| Allergies (food, drugs, seasonal) | |

6. Are you ever short of breath? _____ Do you ever have chest pains? _____

7. Are you usually a nose or a mouth breather? _____

8. Do you get many nosebleeds? _____

9. Do you have trouble drinking from a water fountain or blowing up a balloon? _____

10. Do you have trouble swallowing, or have you experienced any changes in swallowing? _____

11. Do you have any pains, discomfort, or odd feelings in your throat or by your voice box? _____

12. Do you notice any tremors – voice or other? _____

Primary languages spoken: _____ Hearing status: _____

Questions for women:

1. Are you receiving any hormone treatment? _____

2. How many days is your menstrual cycle? _____ Today is day # _____

3. Have you reached menopause? If yes, when? _____

4. Are you experiencing any menopausal symptoms? _____ If yes, explain _____

CLIENT STATEMENT OF THE PROBLEM:

1. Describe the existing voice problem _____
2. When did you first notice a change in your voice? _____
3. Did the problem develop gradually or suddenly? Please describe _____
4. Since it began, has the voice problem:
_____ gotten worse _____ gotten better _____ remain unchanged _____ fluctuated
5. Describe if or how your voice changes:
 - a. When you talk a lot _____
 - b. When the weather changes _____
 - c. With the time of day _____
1. Does your voice change when your feeling excitement, anger, anxiety? If yes, describe _____
2. Describe better situations and worse situations for your voice? _____
3. Have your friends, family members, and/or coworkers noticed the voice problem? What do they say to you? _____
4. Do you notice if your voice gets worse when you are stressed? _____
5. How has this problems affected you? Your quality of life? _____

CLIENT GOAL: What do you hope to gain from speech therapy? _____

EMPLOYMENT STATUS:

1. Are you employed? _____ If yes, where do you work? _____
2. What is your job title and duties? _____
3. How long have you been employed in this type of work? _____
4. Does your job require that you talk a lot? _____

EMOTIONAL STATUS: Are you under any stress right now? Please explain. _____

PERSONAL FAMILY INFORMATION:

6. Are you married? _____ Do I have your permission to discuss your care with your spouse? _____
7. Do you have children? _____ If so, what are their ages? _____
8. Do your children reside at home with you? _____
9. Does anyone in your family have a similar voice problem? Or, any speech problem? Please describe. _____
10. How much sleep do you get at night? _____
11. Do you have a pet? _____

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VOCAL HYGIENE:

Daily water intake: ___ <2 glasses (16 oz.); ___ 3-4 glasses (17-32 oz); ___ 5-7 glasses (33-56 oz); ___ 8 or more glasses (>57 oz)

Daily caffeine intake (coffee, tea, colas, others): _____

Daily alcohol servings: ___ 0; ___ 1; ___ 2, ___ 3; ___ >3; Other _____

Smoking history: _____ Nonsmoker; _____ Current smoker; _____ Former smoker

For current and former smokers,

At what age did you begin smoking: _____; At what age did you quit? _____

___ Cigarettes: ___ cigarettes per day; ___ packs per day

___ Pipe: ___ per day ___ Cigar: ___ per day

___ Chewing tobacco: ___ per day; week

___ Smoke recreational drugs: ___ per day; week; month

Vocal Activities (describe all that apply)

Hrs. per day/comments

Telephone without headset	
Telephone with headset	
Telephone with speakerphone	
Talking: one to one conversation	
Talking in noisy settings	
Constant talking	
Loud talking	
Talking to groups	
Yelling or cheering	
Whispering	
Imitating Others	
Throat clearing	
Coughing	
Phonation during exercising	
Singing	
Other -	

Environmental Issues (Describe only those that apply) Comments

Smoke	
Chemicals	
Allergens	
Temperature changes	

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Reflux history Yes No

Do you have a history of heartburn? _____ Hiatal hernia? _____

Diagnosis:

Gastroesophageal reflux disease

Laryngopharyngeal reflux

Other

Symptoms: _____

Frequency of symptoms: _____

Management (check all that apply):

Behavioral _____

Medication _____

Dose _____

Vocal Performer: Yes No

Vocal training type: _____

of years performing: _____

Singing range: _____

type of music performed: _____

type of accompaniment: _____

type of amplification used when performing: _____

Performance venues: _____

Amount of practice per week: _____

Warm up/cool down regimen _____

Other: _____

1. Do you consider yourself a talkative person? _____
2. What do you think caused your voice problems? _____
3. What have you done to try and improve your voice? _____
4. Have you experienced any other changes in your speech? _____
5. Do you talk often to anyone who is hard of hearing? _____
6. Is there anything else about yourself or your voice that you think we should know? _____

7. Not knowing you prior to your voice difficulties, I don't know what your normal voice is like. I have a scale from 0 to 5. How hoarse are you right now if 0 is normal and 5 is very hoarse? _____