



VOICE PATIENT CASE HISTORY

GENERAL INFORMATION

Name _____ Date _____

Address _____ Telephone No. _____

Sex _____ Birthdate _____ Place of Birth _____

Highest grade completed in school _____

Present School and Grade _____ Occupation _____

Parent/Guardian _____ Occupation _____

Sex/Ages of siblings _____

Spouses=s Name _____

Occupation _____

Children (Sex/Age) _____

Name of person filling out this form _____

Who referred you to this clinic? _____

Family doctor _____ Address _____

Throat Specialist _____

Address _____

Describe your voice problem _____

What do you think this clinic can do for you? _____

HISTORY OF VOICE PROBLEM:

1. Informant=s evaluation of vocal problem.

What do you think caused your voice problem?

What is your opinion about the sound of your voice?

What is the reason for seeking help?

What do your family, friends, teachers, employers think of your voice?

What do they suggest?



II. Origin and D

When did you _____
 Did it develop suddenly _____ or gradually _____

Growths removed from the nose or throat _____
 Thyroidectomy _____
 Other: _____

What medications are you taking? _____
 How long have you been taking this? _____
 Do you take vitamins? What type? _____
 What drugs have you taken over an extended period of time in the past? _____

What medication, if any, were you taking when your voice problem first
 Do you have pain or sensation of pressure in the throat or larynx? _____
 Does water ever come up through your nose? _____
 Have you ever put anything up your nose? _____
 Have you ever swallowed anything unusual? _____
 Do you now, or have you ever, had any growths, obstruction, inflammation, or tickling in the area of the throat? _____

IV. History of Use of the Voice

A. Have you ever done any of the following: (Check if statements apply)
 Excessive crying _____ Screaming _____ Yelling _____
 Did a hernia result from this _____ Abnormality in breathing _____
 Are/were you talkative _____ Vocally noisy _____
 Was anything unusual about the change of voice at puberty _____
 When (at what age) did your voice change? _____

Check the following which apply:
 Complete loss of voice _____ Been a cheerleader _____
 Played contact sports _____ Any injury _____
 Coordination problems _____
 Prolonged use of voice _____ Talking above noise _____
 Exposure to fumes, chemicals, dust _____
 Do you smoke now? _____ Cigarettes _____ Pipes _____ Cigar _____
 How much? _____ For how many years? _____
 Did you ever smoke? _____ How much? _____ How many years? _____
 Do you drink? _____ How much? _____
 What voice usage does your job, school, or home life involve. Explain?

B. _____
Any speech defects or voice problems in your family (including aunts, uncles, grandparents)? Explain

Any physical abnormalities

Where you reared? _____ Where was your family reared? _____

Hobbies:

Would you rate yourself: Happy _____ Sad _____ Optimistic _____
Pessimistic _____ Moody _____

How would other people rate you?

Do you become angry easy (if answering for a child, Does the child have temper tantrums)?

How do you like your job?

If you could do any kind of work, what would you choose? Why?

