



**SOUTHEASTERN
LOUISIANA UNIVERSITY**

CASE HISTORY FOR THE LARYNGECTOMEE

General Information

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

OCCUPATION: _____ REFERRAL: _____

Pre-operative Information

How did you first become aware of cancer? _____

Were you hoarse? _____

Did you have difficulty swallowing? _____

Did you have difficulty breathing? _____

Did you experience pain or soreness? _____

How long were you aware of some difficulty before you saw a specialist? _____

What effects of your general health has your laryngeal cancer had? _____

Is your sense of smell the same? _____

Is your sense of taste the same? _____

Do you cough frequently? _____

Are you able to sneeze? _____

Do you have any difficulty digesting food? _____

Are you experiencing any other physical difficulties? (e.g. respiration problems, gastric problems, high blood pressure, etc.) _____

Are you presently taking any prescribed medications regularly? _____

If so, what? _____

How often? _____

Do you wear dentures? _____

Do you have any difficulty with your hearing? _____

Does your spouse have difficulty with his/her hearing? _____

How does your voice sound now? _____

How are you communicating now? _____

Have you had preoperative X-ray treatments or cobalt treatments? _____

How many treatments? _____

Have you been treated for other throat conditions? _____

If so, what? _____

When? _____

Have you smoked? _____
How long have you smoked? _____
How much did you smoke each day? _____
Do you smoke now? _____

Do you drink alcoholic beverages? _____
Are you a heavy, average, or moderate drinker? _____

Have you ever met another laryngectomized person? _____
How did he/she communicate? _____
How do you hope to communicate after your surgery? _____
Do you know what esophageal speech is? _____
Do you know what an artificial larynx is? _____

OTHER:

Post-operative Information

Medical Information

When was your laryngectomy? _____
Who was your surgeon? _____
Where was your surgery performed? _____
What was the extent of your surgery? _____
How long was your operation? _____
Did you experience any complications? (Explain)

How long were you hospitalized? _____
When did you last see your doctor? _____
Do you wear a metal tube in your stoma? _____
Are you undergoing x-ray or cobalt treatments? _____

What effects on your general health has the operation had?

Is your sense of smell the same? _____

Is your sense of taste the same? _____

Are you experiencing extreme mucous secretions from the stoma? _____

Do you have any trouble swallowing or digesting food? _____

Any problems breathing? _____

Any excessive coughing? _____

Any appreciable noise with respiration? _____

How are you communicating now? (writing, whispering, gesturing, etc.)

Can you make yourself understand? _____
Can you make a sound? _____
Can you make a burp? _____
Can you produce a vowel? _____
Can you produce a word? _____

Has someone explained esophageal speech to you? _____
What is it? _____
Do you know the local club for laryngectomees? _____
Do you know about a stoma cloth or bib? _____
Have you been advised about swimming and taking showers? _____
Have you been advised about a humidifier? _____
Do you know how to care for your stoma? _____
Do you understand the physical changes resulting from your laryngectomy? _____

What are your vocational plans? _____
Will your work necessitate your being around a lot of dust or dirt? _____
Does it require much physical strength? _____

OTHER:



