



**SOUTHEASTERN
LOUISIANA UNIVERSITY**

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 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:

Informants evaluation of vocal problems.

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?

Origin and Development of Voice Problem

When did you first notice your voice problem? _____

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 appeared? _____

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? _____

History of Use of the Voice

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? _____

Have you ever smoked? _____ How much? _____ How many years? _____

Do you drink? _____ How much? _____

What voice usage does your job, school, or home life involve? Explain?

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 easily (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?

