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Voice Case History Supplement

Please complete in addition to the General Adult Case History

Client's Name: _____ Date of Birth: _____ Age: _____

Complaint (Please state the main concern in your own words): _____

When did you first notice a problem with your voice? _____
Was the onset of your problem gradual or sudden? _____
If sudden, what do you feel caused the problem? _____

Please describe the course of the problem, the treatment you have had, where, and who treated you. _____

Please describe any feelings you have in your throat (such as a tickle, lump, pain, difficulty swallowing, strain, fatigue, etc.) _____

Does your voice get better, worse, or stay the same? _____
When is it better? _____
When is it worse? _____

MEDICAL HISTORY

Do you have any of the following?

_____ Allergies _____ Neurological Problems
_____ Respiratory problems _____ Endocrine/Hormone Problems
_____ Acid reflux/Heartburn _____ Hernia

Have you had any of the following?

_____ Surgery on your larynx? When? _____
_____ Heart surgery? When? _____
_____ Chest surgery? When? _____
_____ Thyroid surgery? When? _____
_____ Stroke? When? _____
_____ Injury to the neck? When? _____
_____ Chemical or Inhalation exposure? When? _____

Do you have any allergies? Yes ___ No ___ If yes, please list: _____

Do you do any of the following:

_____ Smoke? (Tobacco or other substance)
How much? _____

_____ Drink? (Beer, wine, other alcoholic substances)
How much? _____
_____ Take any medication regularly? (include aspirin)
What? _____
_____ Talk above noise? What noise? _____
How much? _____
_____ Talk loudly, scream, yell? How much? _____
_____ Sing: _____ Choir _____ Solo _____ With musical group

WORK/SOCIAL HISTORY

Are you employed? _____ Yes _____ No
What kind of work do you do? _____
Is talking required for your job? _____

Please describe any hobbies/extracurricular activities in which you participate: _____

What language(s) do you speak?

Please add any other information, which you think, may be pertinent.

