

Adult	Name: _____
History and Background Information	Date: _____
Past Medical History	D.O.B: _____

Describe your problem: _____

When did you first notice your problem _____

Can you think of any reason or cause for your problem _____

Has anyone else in your family had a speech or hearing problem _____

Describe any serious illnesses, accidents, or surgery you have had. (Give age at occurrence and severity.)

Etiologies	Yes	No	Additional Information
Allergies			
Asthma			
Broken Nose			
Bronchitis			
Chronic Colds			
Chronic Laryngitis			
Clef Palate			
Ear Disease			
Hearing Problem			
Heart Trouble			
Hypertension			
Hypothyroidism			
Incoordination of face or tongue Muscles			
Influenza			
Mouth-Breathing			
Numbness			
Paralysis/ Paresis			
Pneumonia			
Sinus Infection			
Tremor/Twitching			
Visual Problem			

Please list any other previous medical history that you feel is important for us to know



Adult	Name: _____	
History and Background Information	Date: _____	
Past Medical History	D.O.B: _____	
	Yes	No
Alcohol consumption		
Cigarette Use		
How much or How many		
List all surgical procedures (related or unrelated to the voice problem).		
HPI, Voice		
When did you first notice its presence _____		
What were the circumstances _____		
How long has it been present _____		
Have you been seen by an ear, nose, and throat physician _____		
Results/diagnosis: _____		
Recommendations: _____		
How would you describe your voice? (check items that apply)		
Breathy		Nasal
Difficulty controlling voice		Vocal intensity quavers
Frequent pitch breaks		Voice pitch quivers
Harsh		Voice pitch too high
Hoarse		Voice pitch too low
Infrequent pitch breaks		Voice too loud
Monotonous		Voice too soft
Other _____		
Do you think your breathing has anything to do with your voice problem _____		
Have you ever been a mouth breather _____		
How has this voice problem affected you _____		
List 3 situations in which the voice problem is least troublesome:		
List 3 situations in which the voice problem is most troublesome:		



HPI, Voice continued

What happens to your voice when you get

Excited _____

Anxious _____

Angry _____

Depressed _____

Other _____

Do you have any pain/tightness in the neck, face or ears _____

Describe the nature of pain/tightness: _____

Do you have throat pain at any of these times

Morning _____

Evening _____

After talking for extended periods of time _____

When is your voice better? (check items that apply)

In the morning _____

Midday _____

Evening _____

No change during the day _____

How often do you "lose" your voice _____

Have you ever received any prior speech, voice or hearing evaluations _____

When and where _____

Did prior evaluation or therapy relate to the present problem _____

What was the nature of the evaluation and therapy _____

How effective has prior therapy been in helping his/her with the problem _____

Description of vocal and laryngeal use (daily use and/or abuse): (check appropriate column)

	Often	Sometimes	Never
Talking in a noisy environment			
Excessive speaking			
Shouting Screaming			
Yelling			
Coughing			
Clearing Throat			
Sneezing			
Singing			
Voice impersonations			
Cheering or Cheerleading			
Talking on phone			
Caffeine consumption			



Adult**Name:** _____**History and Background Information****Date:** _____**Past Medical History****D.O.B:** _____**HPI, Voice continued**

Any singing experience, please describe _____

Occupation _____

Describe the capacity in which you use your voice during the work day _____

Are you under stress _____

Is there a family history of emotional difficulties, please describe _____

Are there pets in the home, please list _____

What are your expectations of this clinic? _____

Signature: _____

Date: _____

