



SPEECH-LANGUAGE PATHOLOGY VOICE CASE HISTORY INTAKE FORM

| | |
|-------------|------------|
| Date: _____ | Age: _____ |
|-------------|------------|

I. Client Information

Name: _____ Gender: _____ DOB: _____
Phone number (s): _____
Mailing address: _____
Email: _____
Other: _____
Emergency contact: _____
Family physician name, phone, address: _____

Person completing form (if not client): _____ Relationship: _____
Referring Doctor: _____ Next follow-up scheduled: _____
Diagnosis: _____

II. Social History

Occupation/Employer: _____
Spoken Languages: _____
Marital status: single married widowed divorced Date since: _____ # of children: _____
List names and ages of those residing in household:

How would you describe your personality (list 2-3 attributes/characteristics for each)?
Strengths: _____
Weaknesses: _____
Have there been any recent changes or stressors in your life? YES NO If yes, please describe and explain briefly the effect(s) on you/your life:

Interests: _____
Leisure activities: _____
Volunteer/avocational pursuits: _____
Sports/hobbies: _____
Do you participate in fewer social activities since your current voice difficulty began? YES NO
Education: High School/GED Post-secondary Trades Graduate school Professional degree Other

III. General Health History

Please describe your general health currently: _____

Please check all that apply to your general health/medical history and provide additional information in comments, if needed.

- hyperthyroidism
- hypothyroidism
- hormone therapy
- rheumatic fever
- scarlet fever
- sinus infections
- polio
- respiratory problems
- ear infections
- cardiac condition
- neurological disorder
- uncoordinated facial or tongue muscles
- difficulty with walking or balance
- mental health (depression, anxiety, etc.)
- random or purposeless movements
- high / low (circle) blood pressure
- heart attack
- shortness of breath
- asthma
- allergies
- heartburn/indigestion
- stomach ulcers
- hiatal hernia
- TMJ issues
- hearing loss
- dry mouth
- dry throat
- swallowing problems
- chronic colds
- frequent laryngitis
- chronic bronchitis
- chronic rhinitis
- chronic sinusitis
- Other Upper Respiratory Condition?

- Surgery on your throat/larynx? When?

- Cardiac Surgery? When?

- Chest Surgery? When?

- Thyroid Surgery? When?

- Stroke? When?

- Injury to the neck? When?

- Chemical or Inhalation Exposure?
When? _____
- Other, explain: _____

Comments: _____

Any other surgeries, illnesses or major accidents? _____

List Allergies: _____

Have you been prescribed to wear the following (please circle): hearing aids prescription glasses

Please list the medications you are presently taking, amount and for what (prescription and non-prescription):

Are you experiencing any negative reactions/side effects to these medications? Yes No

If yes, please explain: _____

Are you currently under the care of a specialist? _____ If yes, for what? _____

For females only: Are you pregnant? YES NO Have you gone through menopause? YES NO
Do you have regular menstrual cycles? YES NO Voice change during your menstrual cycle? YES NO
Previous hormone therapy? YES NO
Comments:

Any other relevant health/medical information you feel is relevant to share?

IV. History of present voice concern

Briefly describe in your own words your primary concern regarding your voice:

When did you first notice a problem with your voice? _____
How did the problem develop? Gradually Suddenly
Since it began, overall has the voice problem: worsened improved remain unchanged fluctuated
Day-to-day, does your voice problem vary? YES NO

What do you think may have caused your voice problem to occur?

How often does/has the voice problem occur/ed?

How severe do you perceive your problem/concern is today? *unsure mild moderate severe*

What bothers you most about your voice problem? _____

Do you avoid speaking situations? YES NO If yes, describe:

Describe any examination/intervention/treatment that you have had, where, and who treated you:

Have people around you (family members, friends, and/or coworkers) noticed the voice issues? YES NO

Circle any feelings you regularly have in your throat: tickle sore lump pain tight strain
fatigue/tired pinched foreign body sensation Other: _____

Does your family have a history of voice problems? YES NO If yes, describe: _____

Please check all that apply:

- | | |
|--------------------------------------|---|
| <input type="radio"/> Breathiness | <input type="radio"/> Bitter or metallic taste after waking |
| <input type="radio"/> Voice too loud | <input type="radio"/> Roughness |
| <input type="radio"/> Voice too soft | <input type="radio"/> Gravelly voice quality |

- Whisper only (total loss of voice)
- Sudden coughing after lying down
- Harsh voice quality
- Raspy voice quality
- Straining to speak
- Scratchy voice quality
- Vocal fatigue
- Chronic cough
- Shaky voice
- Halitosis (bad breath)
- Unsteady voice
- Nasality
- Worse voice when you wake
- Voice breaks
- Noisy breathing
- Pitch breaks
- Excessive throat mucus
- Increased or chronic post nasal drip
- Voice too high
- Voice too low or deep
- Tooth decay
- Difficulty speaking loudly
- Difficulty speaking softly

Please check all that apply:

- Increased voice use recently
- Upper respiratory infection recently
(nasal obstruction, sore throat, tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, the common cold)
- Emotional stress recently
- Similar voice problems in your past
- It takes effort to speak
- Voice has returned to normal before
- Voice worsens the more I talk
- Voice rest helps my voice
- I have found some things help my voice
- I cannot be heard over ambient noise
- Others often ask me to repeat myself
- This problem has interfered with work
- I have upper body pain/tension
- I currently experience reflux symptoms
- I currently treat my reflux symptoms
- Choking or swallowing problems
- Pain when swallowing
- Voice worsens with fatigue/illness/stress
- Voice worsens with emotions (excitement, anger, anxiety, etc.)
- Voice worsens in the (circle):
Morning Evening
- Seasonal changes affect my voice
- Other:

V. Vocal Hygiene

What is your current weight? _____ lbs

Please list how much of the following you drink in ounces per day (1 cup/glass = 8 oz)

Water_____ Coffee_____ Tea_____ Soda_____ Energy Drinks_____ Milk_____ Juice_____

Sports Drinks_____ Other (please specify)_____

I drink alcoholic beverages: never daily weekly rarely

Beer__oz Wine ___oz Liquor __oz

I currently use tobacco products: YES NO

Circle: Cigarettes Snuff Vapor E-cigarettes Pipe

How much (packs/cans/etc.) per day? _____

How many years? _____

I have used tobacco products in the past? YES NO

Circle: Cigarettes Snuff Vapor E-cigarettes Pipe

Packs/cans/etc. per day? _____ For how long? _____ years Date of Cessation _____

Are you exposed to second-hand smoke? YES NO

I use products containing menthol? YES NO

Do you take Vitamin C supplements? YES NO

Do you use recreational drugs? YES NO If yes, what and how often per week? _____

Do you eat a healthy diet? YES NO _____

Do you have regular bodily pain? YES NO Where? _____ How Intense? _____

Do you do any weight training or heavy lifting? YES NO If yes, how often? _____
Have you ever lost your voice? YES NO If yes, how many times since voice problem? _____
Is talking required for your job? YES NO If yes, typically, for how many hours a day? _____
How are you required to use your voice at work? _____

VI. Additional vocal habits and factors

Please check all that apply.

- You describe yourself as a “talker”
- Cough or clear throat often
- Whisper often
- Grunt when you exercise
- Talk when you’re stressed
- Talk when you are tired
- Use the telephone often
- Talk for long periods with no break
- Do impersonations, character voices or unusual sound effects
- Talk when you are sick with any kind of upper respiratory infection
- Raise your voice (e.g. parenting, calling from room to room, etc) Frequency: _____
- Talk above noise (e.g. at work). What noise? _____
- Talk loud, scream, yell? Frequency? _____
- Sing (Circle: choir solo musical group). Received formal voice training in the past? YES NO
- Actor/participate in dramas
- Participate in debates
- Poor sleeping habits
- Poor nutrition/eating habits
- Teaching, presenting _____
- Loud talking or yelling at sports or hobbies? _____
- Other: _____

What do you hope to obtain from an assessment, if one is required?

If therapy is indicated, what do you hope to improve or gain through speech-language therapy?

What other information can you provide which will enable the clinician to better understand you for the purposes of delivering therapy (e.g. how are you motivated, what do you value, learning style, etc.)?

Is there any additional information you think would be helpful to share?

Please list any other questions you would like answered during the consult/assessment: