

# Voice Case History Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
PARENT(S)/GUARDIAN(S) NAME (If applicable): \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Patient's occupation(s): \_\_\_\_\_  
Who referred you for this evaluation? \_\_\_\_\_  
Please describe your voice problem: \_\_\_\_\_  
\_\_\_\_\_

Have you seen a physician re: this problem? \_\_\_\_\_ Who? \_\_\_\_\_ Physician Specialty? \_\_\_\_\_ When? \_\_\_\_\_  
Findings & recommendations of physician evaluation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your general health: \_\_\_\_\_  
\_\_\_\_\_

Any serious illnesses? \_\_\_\_\_  
\_\_\_\_\_

Surgical History? \_\_\_\_\_  
\_\_\_\_\_

Please list all medications you take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all vitamins & herbal supplements you take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke or use tobacco products? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How many years? \_\_\_\_\_

How much water do you drink each day? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, how many of these per day? \_\_\_\_\_

Do you drink caffeine? \_\_\_\_\_ How many cups/cans per day? \_\_\_\_\_

Do you do any weight training or heavy lifting? \_\_\_\_\_ If so, how often? \_\_\_\_\_

How are you required to use your voice at work? \_\_\_\_\_  
\_\_\_\_\_

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Please check all of the following which apply to you:

☐ Talk loudly & often. ☐ Talk frequently in loud noise. ☐ Clear throat often ☐ Breathy Voice  
☐ Cough Excessively ☐ Throat pain when talking ☐ Run out of breath when talking  
☐ Talk frequently with a person who is hard of hearing ☐ Trouble producing a loud voice  
☐ Trouble producing a soft voice ☐ Voice gets tired quickly  
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Please answer the following questions if you are a singer:

Number of years of individual voice training: \_\_\_\_\_

What is your voice classification? \_\_\_\_\_

With how many voice teachers or vocal coaches have you worked? \_\_\_\_\_

How many hours do you sing per week? \_\_\_\_\_

Do you warm up consistently before singing? \_\_\_\_\_ Do you use amplification when you perform? \_\_\_\_\_

Please list the styles of music you sing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

Illness:	Check:	Comments:
Allergies		
Recurrent Cold/Sore Throat		
Dizziness		
Dental Issues		
Frequent Laryngitis		
Epilepsy/Seizure Disorder		
Attention Deficit Disorder		
Cognitive Communication Disorder(s)		
Vision Impairment(s)		
High Fever(s)		
Swallowing/Digestive Disorder(s)		
Respiratory Disorder(s)		
Heart and/or Circulatory Disease(s)		
Stroke/CVA/TIA		
Traumatic Brain Injury		
Neurologic Disorder(s)		
Cancer		
Thyroid/Parathyroid Problems		
Diabetes		
Connective Tissue Disorder(s) (e.g. lupus, arthritis, etc.)		
Frequent Headaches		
Measles		
Mumps		
Chicken Pox		
Meningitis		
Encephalitis		
Unusual fatigue stress		
Hormonal imbalance		
Hearing Impairment/Ear Problems/Hearing Aid(s)		
Depression Disorder		
Anxiety Disorder		
Post Traumatic Stress Disorder		
Other Mental Illness		