



Patient Identification

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

When did you first notice a problem with your voice? _____

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 tickle, lump, pain, difficulty swallowing, etc.)

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

When is it better? _____

When is it worse? _____

Do you have any of the following?

- Allergies
- Breathing or Lung Problems
- Neurological Problems
- Endocrine/Hormone Problems

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:

- Smoke? (Tobacco or other substance)
How Much? _____
- Drink? (Beer, wine, or other alcoholic substance)
How Much? _____
- Take any medication regularly? (Include aspirin)
What? _____
- Talk above noise? What noise? _____
How Often? _____
- Talk loud, scream, yell? How often? _____
- Sing: Choir Solo with Musical Group

Are you employed? Yes No

What kind of work do you do? _____

Is talking required for your _____

Please add any other information which you think may be important: