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
- [ ] Neurological Problems
- [ ] Breathing or Lung 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: