

Patient Vocal Health Information

Patient Name: _____ Exam Date: _____

Please answer the following questions as completely as possible

1. List all your current medications including supplements and over-the-counter medications

2. What is your chief complaint today? _____

When did this begin? _____

Was the onset sudden or gradual? _____

Is this constant or intermittent? _____

3. Have you ever had speech therapy for this or a related problem? _____

4. Please list your medical history including surgeries or major illnesses _____

5. Do you smoke? Yes/no How much _____ When did you quit? _____

6. Do you exercise? Yes/no How often _____ What type of exercise _____

7. How much plain water do you drink on a daily basis? _____

8. What else do you like to drink? Please indicate how much on an average day.

Milk _____ Juice _____ Soda _____ Tea _____

Alcohol _____ Sports drinks _____ Coffee _____

9. What is your occupation? _____ . Please describe how you use your voice on a daily basis, i.e. talking on the phone, speaking to a classroom, managing your family, etc... _____

10. Do you have any typical heartburn symptoms or regular indigestion? Yes/no

How often? _____

11. On a scale of 1-10 with 10 being your best voice, where would you rate your voice TODAY? _____