

**UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC**

3871 HOLMAN ST.  
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Please provide, to the best of your ability, the following information. If a question is not applicable, place an NA in the space provided. If you need more space to answer a particular question, you may wish to attach a separate sheet.

**VOICE CASE HISTORY FORM - ADULT**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Informant \_\_\_\_\_ Relationship to client \_\_\_\_\_  
Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Name of Family Physician (optional) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Have you been to our clinic before? If so, when? \_\_\_\_\_  
Are you a veteran of the US Armed Services? \_\_\_\_\_  
Do you need an interpreter at the time of your appointment? If so, what kind? \_\_\_\_\_

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**Have you been examined by an Ear, Nose and Throat Physician? \_\_\_\_ If so when? \_\_\_\_\_**

Name of E.N.T. Physician \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DESCRIBE THE VOICE PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY OF VOCAL PROBLEM:**

What do you think caused your voice problem? \_\_\_\_\_

What is your opinion about the sound of your voice? \_\_\_\_\_

What do you think should be the ideal voice for you? \_\_\_\_\_

\_\_\_\_\_

What is the reason for seeking help at this time? \_\_\_\_\_

How do your family, friends, teachers, employers regard your voice? \_\_\_\_\_

### **ORIGIN AND DEVELOPMENT OF VOICE PROBLEM:**

Describe the circumstances under which the voice problem was first noticed: \_\_\_\_\_

Suddenly developed? \_\_\_\_\_ Gradually developed? \_\_\_\_\_

Duration of problem? \_\_\_\_\_ Who first noticed the problem? \_\_\_\_\_

Check below if you did any of the following before noticing the problem:

Shouting ( ) Screaming ( ) Extensive speaking ( )

Singing ( ) Dramatics ( ) Have you received voice/singing training or acting training? \_\_\_\_\_

If so, which? \_\_\_\_\_

Had you had an illness or surgery about the time of onset? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

### **MEDICAL HISTORY:**

If you have been examined by an E.N.T., what were the diagnosis and recommendations? \_\_\_\_\_

Check diseases and/or conditions you have had and state age of occurrence. Indicate any that affected voice with an asterisk (\*)

<u>Disease/Condition</u>	<u>Age of occurrence</u>	<u>Disease/Condition</u>	<u>Age of Occurrence</u>
Measles ( )	_____	Mumps ( )	_____
Chicken Pox ( )	_____	Whooping Cough ( )	_____
( )	_____	Rheumatic Fever ( )	_____
Poliomyelitis ( )	_____	Scarlet Fever ( )	_____
Mononucleosis ( )	_____	Cancer ( )	_____
Pneumonia ( )	_____	Anemia ( )	_____
Disease ( )	_____	Glandular Disturbances ( )	_____
Asthma ( )	_____	Post Nasal Drip ( )	_____
Tinnitus-ringing in the ear ( )	_____	Mouth Breather ( )	_____
Allergies ( )	_____		
Chronic Sinus Attacks ( )	_____	Thyroid Problems ( )	_____
Chronic Cough ( )	_____	Chronically tired ( )	_____

Nasal Congestion ( )	_____	Dry Skin and/or Hair ( )	_____
Numbness ( )	_____	Dizziness ( )	_____
Dryness in nose and/or mouth ( )	_____	Sluggishness ( )	_____ Nervousness ( )
_____ Average temperature below normal ( ) _____			
Difficulty Swallowing ( )	_____	Strained throat ( )	_____
Chilled when others are warm ( )	_____	Body Aches ( )	_____
Others: _____			

What injuries have you had (especially in the neck or throat areas)? \_\_\_\_\_

At what age did these injuries occur? \_\_\_\_\_

What surgery have you had? \_\_\_\_\_ Date: \_\_\_\_\_

What were the results of surgery? \_\_\_\_\_

Have you had your adenoids removed? \_\_\_\_\_ When? \_\_\_\_\_

Deviated septum corrected? \_\_\_\_\_ Growths removed from nose or throat? \_\_\_\_\_

Thyroidectomy? \_\_\_\_\_ Other: \_\_\_\_\_ List

medications you are taking currently and how long you have been taking each one:

\_\_\_\_\_

\_\_\_\_\_

List any drugs you have taken over an extended period of time in the past? \_\_\_\_\_

Do you take vitamins? \_\_\_\_\_ What type? \_\_\_\_\_

What medications were you taking when your voice problem first appeared? \_\_\_\_\_

Do you have pain or sensation in the throat or larynx? \_\_\_\_\_

Has water ever come out your nose? \_\_\_\_\_

Have you ever put anything up your nose or swallowed anything unusual? \_\_\_\_\_

Do you have a history of laryngeal pathology: Growths? \_\_\_\_\_ Obstructions? \_\_\_\_\_

Inflammation? \_\_\_\_\_ Tickling? \_\_\_\_\_

Describe: \_\_\_\_\_

## **HISTORY OF VOCAL USE**

Check if any of the statements apply to you:

As an infant: excessive crying ( ) screaming ( ) yelling ( ) Did a hernia result from this? ( )

As a child, were you: talkative? ( ) vocally noisy? ( )

Was anything unusual about the change of voice at puberty? At what age did your voice change? \_\_\_\_\_

Check any of the following that apply to you:

Have you experienced: Noisy breathing? ( ) Abnormal breathing? ( )

Complete loss of voice? ( ) If so, under what circumstances? \_\_\_\_\_

Have you been a cheerleader? ( )

Played contact sports? ( ) Any injury from contact sports? \_\_\_\_\_

Coordination problems? ( )

Period of prolonged use of voice? ( )

Exposure to fumes, chemicals, dust? ( )

Do you smoke now? \_\_\_\_\_ If so, cigarettes?( ) pipe? ( ) cigars? ( )

How much do you smoke? \_\_\_\_\_ For how many years? \_\_\_\_\_

If you do not smoke now, did you ever smoke? \_\_\_\_\_ How recently? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How much? \_\_\_\_\_ For how many years? \_\_\_\_\_

What voice usage does your job or school involve? Explain \_\_\_\_\_

Any speech disorders or voice problems in your family? If so, describe \_\_\_\_\_

Have you attempted to imitate anyone's voice before? \_\_\_\_\_ If so, describe \_\_\_\_\_

Do you strain your voice at home? \_\_\_\_\_ If so, describe the situation(s) in which this occurs: \_\_\_\_\_

Is your voice similar to anyone else in your family? \_\_\_\_\_

Are you closely associated with anyone who has a hearing loss? \_\_\_\_\_

Do people have difficulty understanding your speech? \_\_\_\_\_ If so, describe \_\_\_\_\_

Consider each of the following items and check whether your voice is better or worse in these situations:

<b>Time/Condition</b>	<b>Better</b>	<b>Worse</b>
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In the morning _____	( )	( )
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In the afternoon _____	( )	( )
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In the evening \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) At  
school \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
At home \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) When  
you are tired \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
When you are happy \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
When you are depressed \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
In different seasons \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) During  
weather changes \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
In certain places \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
With certain people \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Other (please explain) \_\_\_\_\_

Have you had voice therapy previously? \_\_\_\_\_ If so, when? \_\_\_\_\_

With Whom? \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Describe what you did in therapy: \_\_\_\_\_

What were the results of therapy? \_\_\_\_\_

Why was it terminated? \_\_\_\_\_

What else have you done to help your voice? \_\_\_\_\_

### **PSYCHOLOGICAL/SOCIOLOGICAL INFORMATION**

How would you describe yourself? Happy ( ) Sad ( ) Optimistic ( ) Pessimistic ( )

Name three things you fear: \_\_\_\_\_

Do you become angry easily? \_\_\_\_\_ Explain: \_\_\_\_\_

How do you like your job? \_\_\_\_\_

If you could do any kind of work, what would you choose? \_\_\_\_\_

If you had three wishes, what would they be? \_\_\_\_\_

### **ADDITIONAL QUESTIONS OR COMMENTS: (continue on back of page if needed)**

**Return this completed form as promptly as possible. Once we receive the form, we will contact you to set up the evaluation you have requested.**