

## 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? \_\_\_\_\_