



University Otolaryngology Associates

Laryngology Medical History

Date: _____

Patient Name: _____

Who referred you: _____

What does your voice do that it shouldn't or what doesn't it do that it should?

When did this begin? _____

Was there an incidence immediately preceding the voice changes (e.g., cold, flu, yelling, etc.)?

Who does this problem bother most, you or others around you? _____

Has this happened before and when?

If so, previous diagnosis and treatment received: _____

For the following questions, please select 1 through 7, where 1 is mild and 7 is severe.

How severe is this problem to you?	1	2	3	4	5	6	7
Your innate talkativeness?	1	2	3	4	5	6	7
Your innate loudness?	1	2	3	4	5	6	7
Social voice usage?	1	2	3	4	5	6	7
Occupational voice usage?	1	2	3	4	5	6	7

Primary occupation: _____

Aspiring occupation: _____

How many years have you had voice training? _____

With whom have you received voice training? _____

Your singing range: _____

Your singing style: _____

Do you have any upcoming performing/speaking commitments? YES NO

Have you received speech therapy? YES NO

When did you receive speech therapy and with whom? _____

Number of sessions: _____

What benefit(s) did you receive from speech therapy:

Percentage of voice regained to what percent is normal: _____

Check all that apply regarding your singing voice:

- Longer warm-up required
- Singing requires effort
- Voice is better in the morning or evening
- Voice weakens/fatigues with use
- Loss of soft falsetto range or clarity
- Day to day variability

Check if you have any of the following:

- Heartburn/Acid Reflux
- Scratchy throat in the morning
- A lot of morning phlegm
- Frequent throat clearing
- Husky voice in the morning
- Can not sing until noon

Do you consume caffeine? YES NO

If yes, how much per day? _____

How much water do you consume per day? _____

Do you have any other medical problems you would like to make us aware of?

Medical problems that run in your family:
