WELCH-SCHMIDT CENTER FOR COMMUNICATION DISORDERS
MARTIN 34
WARRENSBURG, MISSOURI 64093
Phone 660-543-4993 / Fax 660-543-8234

Voice Client Case History

I. Identification

Name: _____ Gender: [ ] M [ ] F
Last First Middle initial

Date of Birth: ____ /____ /_____ Age: _____ Phone #: _____ H / W / C
MM DD YYYY

e-mail: _____ Phone #: _____ H / W / C

Address _____

II. Voice History

A. Onset

1. What concerns you most about your voice?

2. Was the voice concern noticed suddenly or have you been aware of it for some time?

3. Who first noticed it?

4. Had you done any shouting, singing, extensive speaking, etc., before the concern was noticed?

5. Had you been ill, in an accident, or had any surgery about this time?

6. Is their any other factor that was associated with the onset? Explain

B. Etiology

1. What do you think caused the voice difficulty?

2. Does it vary in severity? If so, how?

3. Has it become better or worse recently? If so, explain.

4. Does it vary during the course of the day? If so, explain.

5. Do seasons or daily weather changes seem to affect your voice? If so, explain.

6. Does it vary with your feelings of happiness or discouragement? If so, how?

7. Does it vary significantly with the degree of fatigue? If so, how?

8. Do you feel pain when you use your voice?

C. Vocal Usage

1. Have you ever lost your voice? When and for how long? Why?

2. Has your breathing ever been noisy?

3. Do you ever run out of breath when talking?

4. Are you a singer?

5. How much talking do you do during the day (e.g., 1, 2, 3 hours)?

6. What types of situations do you use your voice?

D. Medical History

1. What injuries have you had (especially of your head and neck)?
   Nature:
   Extent:
   Date:

2. What operations have you had?

3. Have you been diagnosed with any specific medical condition? If so, what?

4. Do you have any allergies?

5. Do you feel tired without real cause?

6. Do you take any medications? What?

7. Do you have an abnormal dryness in your throat and nose?

8. Do you have sinus infections? How long?

E. Potential Contributing Factors to the Voice Disorder

Check and make any comments regarding any of the following that pertain to the patient.

Vocal Behaviors

1. Shouting and yelling excessively to distant people; How often?

2. Talking over work, cafeteria, or barroom noise; How often?

3. Singing or talking in the car; How often?

4. Excessive talking at sporting events; How often?

5. Excessive talking on the telephone; How often?

6. Excessive coughing/clearing throat; How often?

7. Excessive crying/laughing; How often?

8. Other: Please indicate in the space below

_____

_____

_____

Ingested Substances

1. Amount of alcohol ingested per week?

2. Amount of water and juices ingested per day?

3. Amount of cough drops with menthol, mint or anesthetic?

4. Amount of smoking per week?

5. Amount of caffeine products ingest per week?

6. How often do you use over the counter decongestants and antihistamines?

7. How often do you use cough medicines?

8. How often do you use aspirin/ibuprofen?

9. Do you use a mouthwash?

10. Do you use an inhaler for asthma?

11. Please list the typical foods that you each during the week for breakfast, lunch and dinner.

Breakfast	Lunch	Dinner

F. Other Observations (Circle observations below that apply to the specific patient)

1. Too small of breath
2. Too big of breath
3. In-coordination of chest wall and abdomen
4. Abrupt voice onset
5. Excessive tension in voice or throat
6. Too high or low of a pitch
7. Too closed or tense jaw
8. Poor tone focus, voice “in throat”
9. Facial or neck tension
10. Poor posture, bent from waist
11. Speaking with draw thrust
12. Talking too loudly
13. Inappropriate emphasis on vowel onset words