



VOICE HYGIENE / HISTORY

Patient Name _____ Birthdate _____ Age _____

Parent/Guardian _____ Occupation of patient _____

Name/Phone of physician who referred you _____

Please explain the problem for which you are being seen today _____

List any major surgeries and the approximate dates _____

Have you ever been treated by an ENT (Ear, Nose & Throat) physician in the past? _____

If yes, for what condition(s)? _____

Have you ever been treated by a Speech-Language Pathologist? _____

If yes, explain _____

Vocal Hygiene

Daily water intake:

_____ < 2 glasses (16 oz.);

_____ 3-4 glasses (17-32oz.); a – 5-7 glasses (33-56 oz.);

_____ 8 or more glasses (> 57 oz.)

Daily caffeine intake (coffee, tea, sodas, other):

_____ < 2 glasses (16 oz.);

_____ 3-4 glasses (17-32oz.); a – 5-7 glasses (33-56 oz.);

_____ 8 or more glasses (> 57 oz.)

Daily alcohol servings: _____ 0; _____ 1; _____ 2; _____ 3; _____ >3;

Other _____

Tobacco Use History:

_____ Nonsmoker / No tobacco

_____ Current tobacco user At what age did you begin use? _____

_____ Former tobacco user At what age did you begin use? _____ Quit? _____

Quantity: Cigarettes: cigarettes per day _____. Packs per day _____.

Pipe: _____ per day

Cigar _____ per day

Chewing tobacco: _____ per day. _____ per week.

Smoke recreational drugs: _____ per: day/week/month? _____

Environmental Issues: (Describe only those to which you are / have been exposed, type and length of exposure)

Smoke: _____

Chemicals: _____

Allergens: _____

Temperature changes: _____

Reflux History? Yes _____ No _____

Diagnosis:

_____ Gastroesophageal reflux disease

_____ Laryngopharyngeal reflux

_____ Other

Symptoms: _____

Frequency of symptoms: _____

Management (check all that apply & describe):

_____ Behavioral: _____

_____ Medication & Dose: _____

Vocal Performer? Yes _____ No _____

Vocal training type: _____

Number of years performing: _____

Singing range: _____

Type of music performed: _____

Type of accompaniment: _____

Type of amplification used when performing: _____

Performance venues: _____

Amount of practice per week: _____

Warm up / cool down regiment: _____

Other: _____
