


ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC
Illinois State University

Gender Affirming Case History

Date _____

Name _____

Legal Name, if Different _____

Pronouns _____

Gender Identity _____ Sex Assigned at Birth _____

Date of Birth _____ Age _____

Address _____

_____

Phone _____

Email Address _____

Occupation _____

Employer _____

Highest Level of Education Completed _____

Emergency Contact Phone _____

Name and Pronouns to Use with Your Emergency Contact _____

Native Language _____ Primary Language _____

Physician's Name/Address/Phone _____

_____

Referral Source/How Did You Hear About Us? _____

Person Completing this Form _____ Relationship _____

ADDITIONAL INFORMATION

1. Do you ever change your voice in specific situations? ☐ Yes ☐ No
   If yes, how and in what situations? _____

2. Do you ever experience discomfort (e.g., strain, fatigue, dryness, "scratchy" voice, etc.)? ☐ Yes ☐ No
   If yes, please explain _____
   _____

3. Which communication partners do you feel most comfortable speaking with? _____
   _____

4. What situations and settings do you feel most comfortable speaking in? _____
   _____

5. Are you undergoing hormone therapy? ☐ Yes ☐ No
   If under hormone therapy, are there any side effects (calming, emotional liability, mental concentration, changes in voice, etc.)? Please explain _____
   _____

6. Are you on any other medications? ☐ Yes ☐ No Do they cause any side effects? ☐ Yes ☐ No
   If yes, please explain _____

7. What qualities do you like about your current voice _____

   _____

8. What qualities do you dislike about your current voice? _____

   _____

9. What would you like to change about your current voice? _____

   _____

10. Who and/or what do you want your voice to sound like? _____

    _____

11. What are your personal goals for using your voice (phone, social, etc.)? _____

    _____

12. Have you been treated by an SLP in the past? ☐ Yes ☐ No
    If yes, please describe your experiences and/or results _____

    _____

Concerns or questions you would like to address with the staff? _____

_____

Additional comments _____

_____

_____