ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC
Illinois State University

Voice Case History Form

Name ______________________________ Date ______________

Date-of-Birth ______________ Age __________

Address ______________________________

____

Phone ______________________________ Alternate Phone ______________________________

Home Work Cell (CIRCLE ONE) Home Work Cell (CIRCLE ONE)

Email Address ______________________________

Occupation/Former Occupation ______________ Employer ______________

Highest Level of Education Completed ______________________________

Name of Spouse or Nearest Relative ______________________________

Native Language ______________ Primary Language ______________

Physician's Name ______________ Phone ______________

Referred by ______________________________

Person Completing this Form ______________ Relationship ______________

CONCERN

What is your main concern?

____

____

When did you first notice a problem with your voice?

____

____

Describe the course of the problem, any treatment that you have had, where, and who treated you

____

____

Does your voice get better, worse, or stay the same? ______________________________

When is it better? ______________________________

When is it worse? ______________________________

Describe any feelings you have in your throat (such as tickle, lump, pain, difficulty swallowing, strain, fatigue, etc.)

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Factors related to lifestyle/environment (Check all that apply):

________ Choir/singing
________ Drama/acting
________ Debate
________ Work in a noisy environment
________ Sports
________ Poor sleeping habits
________ Poor nutrition/eating habits
________ Teaching
________ Other, explain:______________________________

MEDICAL HISTORY

Check pertinent conditions:

________ Allergies
________ Respiratory Problems
________ Asthma
________ Neurological Problems
________ Other health conditions, explain ____

Have you had any of the following?

________ Surgery on your throat/larynx? When? ____
________ Heart Surgery? When? ____
________ Chest Surgery? When? ____
________ Thyroid Surgery? When? ____
________ Stroke? When? ____
________ Injury to the neck? When? ____
________ Chemical or Inhalation Exposure? When? ____
________ Other, explain ____

Medications currently or recently taken

____

____

Family history of voice and/or speech problems

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