

**ADULT VOICE CASE HISTORY FORM/ INTERVIEW  
CONFIDENTIAL INFORMATION**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_

Person providing case history information: \_\_\_\_\_

Referred by: \_\_\_\_\_

Family Information

Spouse/Partner's Name: \_\_\_\_\_

Spouse's occupation or former occupation: \_\_\_\_\_

Number of dependents/children in the home: \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____		
_____		
_____		
_____		

Background Information

Is there anything about your developmental or academic history that you remember and feel is important for us to know?

Do you have any medical conditions (e.g. asthma, bronchitis, hypertension, frequent colds, ear infections, seizures) or are you taking any medications currently?

Have you had any serious injuries or accidents?

Have you had any surgeries?

Do you have any allergies? If so, to what?

Has your hearing been tested recently? If so, by whom and what were the results?

Have you ever been treated for GERD/reflux? Were you or are you currently taking antacid medications?

Describe your voice as it is now.

Under what circumstances was your voice problem first noticed? Who first noticed it?

How long have you experienced problems with your voice?

Has your voice problem changed since you first noticed it?

What do you think is causing your voice problem?

Have you been to an ENT? If so, when and what was the diagnosis?

Does anyone in your family have a voice/speech/language problem?

Were there any events or accidents that seem to have affected your voice?

Is your voice better at any time of the day?

Does your voice vary from day to day? If so, why do you think it varies? Is today a “good” day, “bad” day or “typical”?

Is your voice impacting your daily life socially/professionally? If so, how?

How do others react to your voice?

Do you have to compete to speak at home/work? If so, with whom?

How do you use your voice at work/home?

How much time each day do you spend talking (on the phone, face-to-face, etc.)

What fluids do you drink most frequently (coffee, soda, water, juice, etc.)? How many servings do you have of these each day?

How would you describe your diet (fried, spicy, bland)? What are some foods you eat most frequently?

What time of the day do you eat your meals?

What would you like to get out of therapy?

Is there anything else you would like us to know?