

Minnesota State University, Mankato
Center for Communication Sciences & Disorders
150 South Road, 115 Clinical Sciences Building
Mankato, MN 56001

Case History- Voice

Please complete this case history as fully and legibly as possible.

I. **IDENTIFYING INFORMATION**

Today's Date: _____

Patient Information

Name _____

Person completing this form _____ Relationship to patient _____

II. **PRIMARY CONCERN**

Complaint (please state the main concern in your own words): _____

When did you first notice this problem? _____

Please describe the course of the problem, the treatment you have had, where and who treated you: _____

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

Do you have any of the following?

Neurological Problems _____ Respiratory Problems _____ Endocrine/ Hormone Problems _____

Have you had any of the following?

___ Surgery on your larynx? When? _____

___ Heart Surgery? When? _____
___ Chest Surgery? When? _____
___ Thyroid Surgery? When? _____
___ Stroke? When? _____
___ Injury to the neck? When? _____
___ Chemical or Inhalation Exposure? When? _____

Do you:

___ Smoke? How much? _____
___ Drink? How much? _____
___ Take any medications regularly? Which one(s)? _____

___ Talk loudly, scream, yell? How much? _____
___ Sing? ___ Choir? ___ Solo? ___ With musical group?

Are you an athlete? ___ Yes ___ No Which sport(s) _____
Does your problem impact your ability to participate? ___ Yes ___ No

III. **SOCIOECONOMIC HISTORY:**

A. Family:

1. Head of Household? ___ Yes ___ No
2. Place of residence _____
3. With whom do you live? _____
(spouse, children, friends, relatives, other)

B. Leisure Time Activities and Hobbies: _____

C. Educational Level: _____

Patient Signature: _____ Date: _____

Caregiver Signature (if appropriate): _____ Date: _____

Thank you for completing this case history. A graduate student will contact you to set up an initial appointment when the Center for Communication Sciences and Disorders office receives this from.

****All information will be kept strictly confidential and used only for clinical, educational, or research purpose**