

# Laryngology History

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Referred by

- PCP
- ENT
- Speech therapist
- Other

letter? Accompanied by:

Operations: None

- Tonsillectomy
- Thyroid Surgery
- Vocal cords
- Neck/Spine Surgery
- Heart/Lung Surgery

Nose/sinus Other - Please list:

What would you classify as your main problem? (choose one)

- Hoarseness
- Breathing
- Singing
- Swallowing
- Pain

Was the onset sudden? Yes No When?

Do you know what caused it?

Please summarize your voice problem briefly:

Medications: None

antireflux:

Other:

What does your voice do that it shouldn't?

- |                    |                                  |
|--------------------|----------------------------------|
| hoarse, harsh      | fades with use                   |
| lose completely    | unsteady/wavers/shakes           |
| lose upper voice   | chokes off                       |
| effortful          | drops to a whisper               |
| onset delay        | can't yell                       |
| poor endurance     | can't be heard in noise          |
| varies a lot       | painful                          |
| worse in am        | phone a problem                  |
| clear throat often | pitch has become too low or high |

Medication ALLERGIES: None

- |               |                       |
|---------------|-----------------------|
| Aspirin       | Erythromycin          |
| Codeine       | Keflex, Ceclor, Cefin |
| Novocaine     | Tetracycline          |
| Iodine        | Sulfa                 |
| X-Ray dyes    | Penicillin            |
| Adhesive tape | Other:                |

Do you have problems in these areas?

other areas

- |                         |                  |
|-------------------------|------------------|
| fever, weight loss      | Skin             |
| Heart                   | Strokes          |
| Lungs: asthma           | emphysema cancer |
| Tremors, unsteady       |                  |
| Stomach, bowels         |                  |
| Bladder, kidney         | Diabetes thyroid |
| Arm, Leg, back pain     | Blood disorders  |
| Allergic/sinus symptoms |                  |

ANTIBIOTICS REQUIRED for procedures

Swallowing

- painful
- solids a problem
- liquids a problem
- old food comes back up
- lump in throat sensation

Previous treatments \*

Do you have any communicable diseases?

- TB
- Hepatitis
- HIV
- Other:

Occupation?

Family History?

- Voice problems
- Neurologic problems

If you sing, what is your style/range?

- Pop
- Belt
- Rock
- Metal/Scream
- Blues/Jazz
- Folk/Writer
- Soprano
- MezzoSoprano
- Alto
- Tenor
- Baritone
- Bass
- Lyric
- Dramatic
- Coloratura
- Other:

Have you had training? Yes No Duration?

Please rate yourself on the following scales.

How severe does your problem seem to you?

- |      |          |        |
|------|----------|--------|
| mild | moderate | severe |
| 1    | 2        | 3      |
| 4    | 5        | 6      |
| 7    |          |        |

With friends, how innately talkative are you?

- |                   |         |                |
|-------------------|---------|----------------|
| quiet/untalkative | average | very talkative |
| 1                 | 2       | 3              |
| 4                 | 5       | 6              |
| 7                 |         |                |

With friends, how loud spoken do you tend to be?

- |      |         |           |
|------|---------|-----------|
| soft | average | very loud |
| 1    | 2       | 3         |
| 4    | 5       | 6         |
| 7    |         |           |

How much talking does your job require of you?

- |       |         |                |
|-------|---------|----------------|
| quiet | average | very talkative |
| 1     | 2       | 3              |
| 4     | 5       | 6              |
| 7     |         |                |

Smoking History: Yes Previously Never

Cigarettes: I smoked about \_\_\_\_\_ packs/day for \_\_\_\_\_ years;

Quit When?

Marijuana: I smoked for \_\_\_\_\_ years; Quit:

Fluid consumption

- Water cups/cans/glasses per day
- Caffeine cups/cans per (include coffee, tea, colas)
- Alcohol glasses/cans per Quit:

Name:

Age:

DOB:

Date: