

**APPLICATION FOR VOICE, RESPIRATION AND RESONANCE EVALUATION**



Western Michigan University Unified Clinics  
Charles Van Riper Language, Speech and Hearing Clinic  
1000 Oakland Drive | Kalamazoo, MI 49008 | (269) 387-7059

**Voice History:** \_\_\_\_\_ Date: \_\_\_\_\_ WMU Clinic File # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:    Male        Female        Transgender

WMU Faculty/ Staff/ Emeritus?    Y        N            WMU Student?    Y        N

Current Address: \_\_\_\_\_ City/ State/ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title/ Type of Work: \_\_\_\_\_

School & Grade (Child): \_\_\_\_\_ **OR** Highest Grade Completed (Adult): \_\_\_\_\_

Parent/Spouse Name: \_\_\_\_\_

Address (if not the same): \_\_\_\_\_ City/ State/ Zip Code: \_\_\_\_\_

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Who referred you to the WMU Unified Clinics? \_\_\_\_\_

Referrer's Address & Phone Number: \_\_\_\_\_

Brief description of voice problem: \_\_\_\_\_

Date(s) of prior similar episode(s), if any: \_\_\_\_\_

Have any other family members had a similar problem? \_\_\_\_\_

Describe onset of current problem (date, sudden or gradual, initial severity, noticed by whom):

Voice recently has been:    Getting Worse        Getting Better        Staying the Same

Physicians you've consulted with about the Problem (Name, Address, Dates, and Phone Number):

Other Professionals you've consulted with about the problem (Names, Title, Dates):

What do you believe caused the voice problem? \_\_\_\_\_

Were you ill, injured, or under stress when problem began?    Y        N

If yes please explain: \_\_\_\_\_

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Have you had hearing problems (current or past)?

What is your general health status (include any illnesses or chronic conditions)? \_\_\_\_\_

List any recent injuries, accidents, or surgeries (dates): \_\_\_\_\_

Names of any drugs/ medications (prescriptions or over-the-counter, including aspirin, birth control and vitamins) which you use regularly or frequently: \_\_\_\_\_

Any recent dental problems/ treatment? \_\_\_\_\_

Were you ever a Cheerleader?   Y   N      If yes, for how long and what sport(s): \_\_\_\_\_

Which best fits you: (Check one)   Quiet and Reserved      Talk less than Average  
Talks an Average Amount      Talks an Above Average Amount      Very Talkative

If a Singer:      Soprano      Alto      Tenor      Bass  
**If yes**, do you perform:      Group      Occasional Solo      Often Solo      Only Solo  
**If yes**, do you perform:      Professionally      As an Amateur      Musical Theater

If you are receiving (or have had) singing instructions, with what teacher and when?

If NOT a Singer: Do you regularly or frequently use your voice for what purpose other than normal conversation? (Circle)    Yes    No    **If yes**, in what ways and how often? \_\_\_\_\_

If you are receiving (or have had) training for your speaking voice, with what teacher(s) and when?

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Which of the following Symptoms do you have? (Please check all that apply)

- \_\_\_ Dry mouth
\_\_\_ Post-nasal drip, sinus drainage
\_\_\_ Total loss of voice
\_\_\_ Intermittent loss of voice
\_\_\_ Hoarse, rough, raspy voice
\_\_\_ Difficulty producing loud voice
\_\_\_ Difficulty producing soft, quiet voice
\_\_\_ Feeling a Lump or obstacle in throat
\_\_\_ Frequent sore throat
\_\_\_ Loss of higher pitch range in singing
\_\_\_ Loss of lower pitch range in singing
\_\_\_ Difficulty controlling vocal pitch
\_\_\_ Sudden pitch breaks, upward
\_\_\_ Speaking Pitch too high
\_\_\_ Speaking Pitch too low
\_\_\_ Monotone Speaking pitch
\_\_\_ Wet gurgled sound in voice
\_\_\_ Frequent interruption of voicing
\_\_\_ Tickling sensation in throat
\_\_\_ Breathly voice
\_\_\_ Voice worse in morning
\_\_\_ Voice worse in the later part of the day
\_\_\_ Voice worse in some season(s) than in other(s)
\_\_\_ Voice worse at the beginning of menstrual cycle
\_\_\_ Voice worse in stressful situations
\_\_\_ Frequent return of normal speaking voice
\_\_\_ Excessive mucus in mouth/throat
\_\_\_ Ear discomfort or earache
\_\_\_ Shortness of breath
\_\_\_ Forced, effortful speaking
\_\_\_ Difficulty breathing through nose
\_\_\_ Feeling of throat obstruction during relaxed breathing
\_\_\_ Shaking/ tremulous voicing
\_\_\_ Frequent heartburn or gastric reflux
\_\_\_ Nasal resonance or leaking of air through nose while speaking
\_\_\_ Muffled, tight, weak, strained voice
\_\_\_ Other:

List Foods, medicines, environmental substances to which you are allergic: \_\_\_\_\_

Are you hypersensitive to (check all that apply): Heat Cold Animals Cosmetics Dust

Which of the following makes your voice seem worse (check all that apply):

Dairy Products Caffeinated Drinks Alcohol Exposure to Smoke Fumes

Have you been examined by an allergist? Y N If yes, name, date and results: \_\_\_\_\_

Other family members who have allergies: \_\_\_\_\_

If you smoke (or smoked in the past, tobacco or other substances) what, when, and how often? \_\_\_\_\_

How much alcohol (beer, wine, other) do you typically consume? \_\_\_\_\_

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**Check and indicate age and circumstances when you experienced any of the following:**

Surgeries      \_\_\_ tonsils \_\_\_\_\_  
                     \_\_\_ adenoids \_\_\_\_\_  
                     \_\_\_ thyroid \_\_\_\_\_  
                     \_\_\_ larynx \_\_\_\_\_  
                     \_\_\_ thorax/heart \_\_\_\_\_  
                     \_\_\_ ear and nose \_\_\_\_\_  
                     \_\_\_ Other: \_\_\_\_\_

Development    \_\_\_ Reached Puberty \_\_\_\_\_  
                     \_\_\_ Menopause Began \_\_\_\_\_

Illness or Other \_\_\_ Strep Throat \_\_\_\_\_

Conditions      \_\_\_ Bronchitis \_\_\_\_\_  
                     \_\_\_ Tonsillitis \_\_\_\_\_  
                     \_\_\_ Sinusitis \_\_\_\_\_  
                     \_\_\_ Gastrointestinal Disorder \_\_\_\_\_  
                     \_\_\_ Hiatal Hernia \_\_\_\_\_  
                     \_\_\_ Asthma \_\_\_\_\_  
                     \_\_\_ Hypo or Hyperthyroidism \_\_\_\_\_  
                     \_\_\_ Arthritis \_\_\_\_\_  
                     \_\_\_ Stroke/ Other Neurological Problems \_\_\_\_\_  
                     \_\_\_ Temporomandibular Joint Disorder (TMJ) \_\_\_\_\_  
                     \_\_\_ Emotional/Psychiatric Problems \_\_\_\_\_  
                     \_\_\_ Other: \_\_\_\_\_

Please provide any other information that you think may be important to our understanding of your voice difficulties: \_\_\_\_\_  
\_\_\_\_\_

If Voice Therapy is advised, do you wish to schedule it at the WMU Clinics?    Yes    No