

LocuTour's Voice Disorders Intake Checklist

The following checkboxes are available to assist in the initial evaluation of the client.

Medical Records

Medical Records

A: Medical records indicate:

- Subglottal stenosis
- Vocal fold nodules on one or both cords
- Vocal fold polyps
- Vocal cord paralysis
- Contact ulcers on the vocal cords
- Papilloma
- Laryngeal papillomatosis
- Intracordal cysts
- Sulcus vocalis
- Vascular ectasia
- Cancer
- Edema
- Hemangioma
- Laryngeal or Interarytenoid cleft
- Other cleft _____
- Laryngeal trauma
- GERD (Gastroesophageal Reflux Disease)
- Dysphagia
- Stroke/Brain Injury
- _____

Medical History

Medical History

A: Medical history includes:

- Smoking – quantity _____
- Thyroid disease
- Caffeine use and/or tea tannins
- Phonotrauma
- Overuse, misuse, abuse of voice
- Caustic chemical ingestion
- Overuse of eucalyptus, or other drying agents
- Overuse of alcohol
- Recent surgery
- Physical trauma to the neck or throat
- _____

Family and Vocational History

A: The client reports:

- Current or previous employment as as teacher, public speaker, cheerleader, singer, or salesperson
- Employment or vocation: _____
- Significant stress in the home, at work, or interactions with others
- Recent significant loss of spouse, parent, child or friend
- _____

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History of the Communication Disorder

Professional Voice training or SLP Intervention

A: Professional voice training or SLP intervention was:

- Never received
- Received but not practiced
- Received but not completely successful
- Other Observations: _____

Client's description of the communication disorder

A: The client's description of the communication disorder included:

- Possible causes: _____
- Related surgeries: _____
- Current level of stress: _____
- Previous treatments: _____
- General health: _____
- Other Observations: _____

Situations that make the symptoms...

A: The client reported situations that made the situation:

- Better: _____
- Worse: _____
- Other Observations: _____

Client's rating of the functional impact of the communication disorder on their daily life.

A: The client rated the functional impact of the communication disorder on their daily life as:

- None
- Minimal – Tolerable
- Mild – Affects home, work, or social life
- Moderate – Affects more than one area
- Severe – Significantly impacts ADL's (Activities of Daily Living)
- Profound – Not able to function in one or more area of ADL's of home, work, or social life
- Other Observations: _____

Observation of the Client

A: The client was observed to have:

- Clavicular breathing
- Abdominal breathing
- Thoracic breathing
- Shortness of breath
- Audible breathing
- Other observations: _____

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Inappropriate Vocal Behaviors or Reinforcers

A: The client exhibited or reported the following inappropriate vocal behaviors or reinforcers.

- Talking over noise
- Talking too loudly
- Yelling or screaming
- Coughing too much
- Crying too much
- Imitating vehicles and animals
- Talking in an unusually high or low pitch
- Talking excessively even when the client has laryngitis
- Client thinks the funny/raspy/hoarse voice is acceptable
- Other people reinforce the client's voice as "cute" or "sexy."
- Client gets undue attention for voice disorder
- Secondary gains apparent for keeping the voice disorder (time off, less demands, etc.)
- Reports stressful or tension-filled life
- Frequent bouts of laryngitis
- Chronic throat clearing