LocuTour's Voice Disorders Intake Checklist

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

**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
- □ Intracordial 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**

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