

**Client Details**

<b>Date of Assessment:</b>	
<b>Client Name:</b>	<b>Sex: M/ F/ I</b> <b>Gender:</b> <b>Pronouns:</b>
<b>Date of Birth:</b>	<b>Age:</b>
<b>Occupation:</b>	
<b>Parent: Y/N</b>	<b>No of kids:</b>
<b>Referring Doctor:</b>	
<b>Referring ENT/ Laryngologist:</b>	
<b>Diagnosis:</b>	

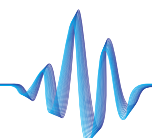
**Do you work in any of the following areas? (tick)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Sales          | <input type="checkbox"/> Telephone work             | <input type="checkbox"/> Reception work    |
| <input type="checkbox"/> Singing         | <input type="checkbox"/> Acting         | <input type="checkbox"/> Radio/Television           | <input type="checkbox"/> Voice over artist |
| <input type="checkbox"/> Sports coach    | <input type="checkbox"/> Gym instructor | <input type="checkbox"/> Clergy work                | <input type="checkbox"/> Politician        |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Auctioneer     | <input type="checkbox"/> Voice is essential to work |  |

**Main voice concerns/ complaints:**

**Start of problem (circle)**

- My voice changed: suddenly, gradually
- I think my voice problem is because of:
- My voice problem is: mild, moderate, severe
- MY voice problem is: getting better, getting worse, staying the same
- My voice is best in the: morning, evening, no change
- My voice is worst in the: morning, evening, no change
- Today my voice sounds: better, worse, like usual



**Voice quality and behaviours**

**Typically I:**

- |  |   |
|--|---|
| <input type="checkbox"/> Speak extensively           | <input type="checkbox"/> Sing extensively                 |
| <input type="checkbox"/> Speak loudly                | <input type="checkbox"/> Sing loudly                      |
| <input type="checkbox"/> Yell frequently             | <input type="checkbox"/> Sing over background noise       |
| <input type="checkbox"/> Speak over background noise | <input type="checkbox"/> Sing in a strained way           |
| <input type="checkbox"/> Force voice out             | <input type="checkbox"/> Sing/speak in smoky environments |
| <input type="checkbox"/> Grind teeth                 | <input type="checkbox"/> Cheer/barrack                    |

**My voice has:** (circle all relevant)

■ **Problems with quality**

It is sounds: hoarse, breathy, husky, gravelly (creaky) sound, strained-strangled, voice breaks, periods of no voice.

■ **Difficulty with volume**

It is too: soft, weak, loud.      It has difficulty changing volume, achieving a soft voice.

■ **Difficulty with pitch**

It has a: lowered pitch, high pitch, monotonous tone.

It has: reduced pitch range, pitch breaks, difficulty achieving pitch changes quickly.

■ **Throat symptoms**

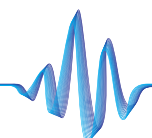
It has a: lowered pitch, high pitch, monotonous tone.

There is: throat pain while speaking/singing, choking sensation, feeling of a lump in the throat, dryness, itchy/scratchy sensation, frequent need to clear throat.

**Previous voice therapy or training**

Name of coach, teacher +/- or speech pathologist:

Previous strategies:



**Medical History** (include diagnosis & medications)

**ENT:**

Ears/ Hearing - E.g. Hearing loss, hearing aids, infection.

•

Nose – post nasal drip, obstruction, allergies, hay-fever.

•

Throat – voice change, swallowing difficulty, pain.

•

**General Medical health/ conditions:** E.g. Current diagnosis, fatigue, weight change, surgery, thyroid problems.

•

**Respiratory:** E.g. Wheezing, asthma, COPD, chronic cough, short of breath

•

**Digestive:** E.g. Reflux, heart burn, acid taste in mouth

•

**Psychological/ emotional:** E.g. Stress, current diagnosis.

•

**Muscular:** E.g. neck, shoulder, back tension, fibromyalgia.

•

**Neurological:** E.g. Parkinson's Disease, Motor Neurone Disease

•

**Environmental factors on voice**

Smoking: Y/N Type:                      No of packs/day:      X years:      Quit date:

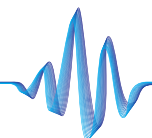
Alcohol: Y/N    Drinks/week:              or drinks/ day:

Caffeine: Y/N    No/ day:

Water: Litres/ day:                      or cups/ day:

Exposure to dry or dusty environments. If Yes, describe:

Exposure to chemicals or drugs. If Yes, describe:



**Only complete this section if you are undertaking Gender transition training**

**Gender**

Where do you perceive yourself on the gender spectrum?

What communication characteristics align with your 'vision'.

**Main voice goals:**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Pitch         | <input type="checkbox"/> decrease                 | <input type="checkbox"/> increase |
| <input type="checkbox"/> Resonance     | <input type="checkbox"/> Intonation               |                                   |
| <input type="checkbox"/> Articulation  | <input type="checkbox"/> Language use             |                                   |
| <input type="checkbox"/> Voice quality | <input type="checkbox"/> Non-verbal communication |                                   |

**Sex**

Please indicate your transition:

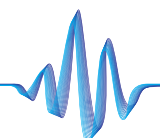
- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Male to Female |                          |
| <input type="checkbox"/> Female to Male | Do you use binding? Y/ N |

**Team members**

Please list the members of your team including family, friends, medical/ non-medical professionals.

**Medication** e.g. hormones

**Surgery** include past and planned



**Only complete this section if you are a singer.**

**Voice category:**

Not sure

Soprano (high female)

Mezzo-soprano

Contralto/Alto

Tenor (high male)

Counter-tenor

Baritone

Bass

**What type of singing do you do?**

Circle and estimate the proportion of total singing time spent singing this type of music.

Opera \_\_\_%

Musical Comedy \_\_\_%

Popular \_\_\_%

Folk/Ballad \_\_\_%

Jazz \_\_\_%

Rock \_\_\_%

Metal \_\_\_%

Choir \_\_\_%

Other \_\_\_%

**How many hours per week would you sing on average (incl practice)?** \_\_\_ hrs/ week.

**Have you had singing training?** Y/N. If yes, for how long? \_\_\_

Are you currently having singing training? Y/N. Name of Teacher:

**What do you consider to be the major problem(s) with your singing voice?**

**What helps to improve/relieve your problem with the singing voice?**

**Where do you perform?** (circle)

small private functions

halls

theatres/stage

reception places

parties

shopping centres

pubs

church

other \_\_\_\_\_

**Do you consider your voice problem to be related to your singing technique?** Y/N.

If yes, please elaborate:

