



Santa Rosa Speech & Language Services
 Kate Samples Williams, M.S., CCC-SLP
 John M. Samples, Ph.D., CCC-SLP
 3859 Montgomery Drive Santa Rosa, CA 95405
 Phone: 707-542-1010 Fax: 707-542-3232

Voice Intake Form

Date: _____
 Name: _____ DOB: _____ Age: _____
 Occupation: _____ Parent(s)/Guardian(s): _____
 Name of whom referred you to this office: _____

Please explain the problem for which you are being seen today.

How long have you been experiencing this/these condition(s)? _____
 Do you smoke? Examples: cigarette, marijuana, e-cigarettes or other substance. No Yes
 If yes, how much per week? _____
 Do you drink? No Yes If yes, how much per week? _____
 How much caffeine do you drink per day? _____
 How much water do you drink per day? _____
 Please list any medication(s) you are currently taking?

Please circle if you currently experience or have a history of any of the following:

High Blood Pressure	Low Blood Pressure	Heart Attack
Stroke	Shortness of Breath	Asthma
Frequent bronchitis	Allergies	Heartburn/Reflux
Stomach Ulcers	Hiatal Hernia	TMJ
Hearing Loss	Dry Mouth	Dry Throat
Frequent Throat Clearing	Chronic Cough	Feeling of a "Lump" in Throat
Difficulty Swallowing	Frequent Laryngitis	Frequent Sore
Voice Change	Throat Tightness	Fatigue after Speaking
Difficulty getting Volume	Loss of Voice in Morning	Loss of Voice at Night
Upper Respiratory Condition	Cancer	Gastrointestinal Conditions
Explain:	Explain:	Explain:

Have you ever been treated by an ENT (Ear Nose & Throat) physician? No Yes

If yes, for what condition(s)? _____

Have you ever been treated by a speech-language pathologist? No Yes

If yes, please explain. _____

Are you a singer? No Yes Have you received formal voice training in the past? No Yes

Please list any major surgeries and approximate dates.

Surgery	Date

Other medical conditions not listed above: _____

Other changes related to your throat/voice: _____
