Laryngology History

	241,115010	5) 113001)					
Referred by PCP	letter?	Accompanied b	y:				
ENT		Operations:	None				
Speech therapist		Tonsillecton	ny	Nose	/sinus	Other -	· Please list:
Other		Thyroid Surg	gery				
What would you classify as you	ır main problem? (choose one)	Vocal cords					
Hoarseness Breathing	Singing Swallowing Pain	Neck/Spine					
Was the onset sudden? Yes	No When?	Heart/Lung					
Do you know what caused it?	110 11 11011	_					
Please summarize your voice p	roblem briefly:	Medications:	None				
		antireflux: Other:					
What does your voice do that i	t shouldn't?	Medication AL Aspirin	LERGIES:	None Erytl	nromycin		
hoarse, harsh	fades with use	Codeine			x, Ceclor,	Ceftin	
lose completely	unsteady/wavers/shakes	Novocaine			cycline		
lose upper voice	chokes off	Iodine		Sulfa	•		
effortful	drops to a whisper	X-Ray dyes		Penic			
onset delay	can't yell	Adhesive tap	oe .	Other:			
poor endurance	can't be heard in noise	•					
varies a lot	painful						
worse in am	phone a problem	Do you have pr	oblems in	these areas	?		other areas
clear throat often	pitch has become too low or high	fever, weight	loss	Skin			
		Heart		Strok	es		
		Lungs: as	thma e	mphysema	cancer		
Swallowing		Tremors, un	•				
painful solids a problem	n liquids a problem	Stomach, bo					
old food comes back up	lump in throat sensation	Bladder, kid	•	Diabetes	thyroid		
Previous treatments *		Arm, Leg, ba	-		lisorders		
		Allergic/sinu			1		
		Antibiotic	CS REQUIR	KED for proc	ceaures		
		Do you have an TB Hep	•	nicable dise HIV Other			
Occumation		1D Trep	acicis i	III Othe	•		
Occupation?		Family History	y ?				
If you sing, what is your style/1	ange)	Voice proble		eurologic p	roblems		
Pop Belt Rock Meta	•	1		0 1			
Soprano MezzoSoprano	Alto Tenor Baritone Bass	Please rate you	rself on th	e following	scales.		
-	atura Other:	How severe doe					
Have you had training? Yes	No Duration?	mild	me	oderate		se	vere
		1 2	3	4	5	6	7
Smoking History: Yes I	Previously Never	With friends, h		y talkative	are you?		
Cigarettes: I smoked about	packs/day for years;	quiet/untalkat	cive a	verage		very t	alkative
Quit When?		1 2	3	4	5	6	7
Marijuana: I smoked for	years; Quit:	With friends, h	_	-	u tend to b		
•	_	soft		verage	_		/ loud
Fluid consumption		1 2	3	4	5	6	7
Water cups/cans/glasses		How much talk		-	iire of you		11
Caffeine cups/cans per	(include coffee, tea, colas)	quiet		verage	_	•	alkative 7
Alcohol glasses/cans per	Quit:	1 2	3	4	5	6	/
							net/about/documents Fly by Night Graphics

Name: Age: DOB: Appt Date:

Please leave this side blank

Laryngology exam

Vocal commitments

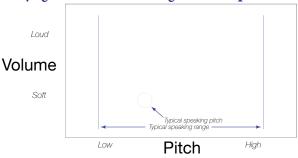
evening 1 2 3 4 5 6 7

cvening i	2 9 1 9 6 7 60118
choir 1	lessons
Practice _	
ENT exa	am
General	end mes ect Mood quiet/pleasant/gregarious
Ext. Ear	Int. Ear Hearing
Sinus	Noseseptum to: R mid L
Salivary	Dent Nl crown up low dentures
Mouth	tonsil +_/4 scar
	↑↑ TH CT submental tense
NP	Pharynx
LN	Neck
Thyroid	Face
Eyes	CN VII, X, XI, XII
Lungs	Heart

BP ____ / ___ Pulse _____

cong. sing.

Laryngeal Acoustic Testing - Vocal capabilities



Impression

cc/post	Cause
1) Cat	Sub
2)	

Plan

```
Behavorial
SpRx:
```

Medical

```
Surgical - PARQ
MxLx:
```

Medial: KTP:

Inject: Botox Steroid

Restylane Cymetra Renu/ProLarn

Labs: CT

PET/CT larynx RLN

Rx eRx

Return____ days weeks months year

Dict. __/_/_ # ____

OV Duration ___:__/__:__/__:___

□ USB

Mucosal move: supple, a sym

Oscill closure: inf. open, closed, out of phase,

ratio C:O ____%

Imp: Plan: Glottis:

Laryngoscopy
Flex HD color
Rigid
Strobe
Bronch Trach

lido 4% N__ P L trach

Pharynx: narrow

Arytenoids:

Interarytenoid: pachy

False folds: hyper

Ventricle: capacious

Aryepiglottic folds:

Nasopharynx: ET, adenoid: atrophic ectomy Base of tongue: lingual tonsils +__/4

Epiglottis: Omega, posterior

Capillaries: normal, ectatic, dilated

Structure

Supraglottis:

Glottis: Anterio

Anterior com: acute, compressed, web
True fold Left: bow, convex, nodule, polyp,

True fold Right: bow, convex, nodule, polyp,

hem

Vocal processes:

True color: white, red, normal
Capillaries: linear, ectatic, dilated
Secretions: thin, clear, thick, sticky,

mucoid

Piriform: Subglottis: Trachea:

Sensation

Phonatory Function

Palate elev: sym, complete close

Phar queeze: sym

Stability: normal, tremor, spasms
Supra squeeze: sym, left __right, A-P comp
Edge closure: complete, central, posterior gap
VP closure: sym, rate , range , __mm gap

Secretions: accumulate

Respiratory Function

Expiration:	Right	Left
~ resting position	_° off mid	° off mid
arytenoid angle	parallel medial	parallel medial
Bernoulli		
Stability		

Inspiration:	Right	Left
~ resting position	° off mid	° off mid
maximal (sniff)	° off mid	° off mid
arytenoid angle	obtuse	obtuse
Bernoulli		
Stability		

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Appt. Date: ___ / ___ / ____

Name: