

**Linda M Carroll, PhD CCC-SLP FASHA**

Voice Training and Speech-Language Pathology Services

300 Pioneer Road, Rye NH 03870

Tel: 212.459.3929 cell: 646-644-3379

**WELCOME TO OUR OFFICE!**

*We appreciate your cooperation in filling out this form.*

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home tel # \_\_\_\_\_ Cell tel # \_\_\_\_\_ Office tel # \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Student?  No  Yes: Name of school: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Person to notify in case of emergency: \_\_\_\_\_

Relation to patient:  Spouse/Partner  Parent  Child  Other \_\_\_\_\_

Home tel # \_\_\_\_\_ Work/Cell tel # \_\_\_\_\_

**REFERRING PHYSICIAN/LARYNGOLOGIST:**

Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

**OTHERS WHO SHOULD RECEIVE A REPORT (NAME, ADDRESS):**

\_\_\_\_\_  
\_\_\_\_\_

I understand that payment is due on date of service. I understand that Dr Carroll is out-of-network for all insurance plans as of 01/01/2022. I understand that voice/speech therapy coverage is based on insurance plan regulations, and that any voice training services are not eligible for medical insurance claim.

Note: If you need to cancel or reschedule an appointment, you must give a minimum of 24 hours notice.

**Signature:** \_\_\_\_\_

**Voice/Speech Questionnaire**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

When did your speech/voice/breathing problem begin?

Was onset sudden or gradual?

Please describe your speech/voice/breathing problem:

Has your speech/voice/breathing improved, worsened, or stayed the same since initial onset?

What is the extent of your voice use in the home?

At work?

How important is your speaking voice to you?

How important is your singing voice to you?

Is your voice critical for your profession?

What is your level of physical activity/physical demands?

Do you:

	No	Yes	Describe
Experience periods of normal voice?			
Use voice above loud ambient noise?			
Use voice aggressively (scream, yell)?			

History:

	No	Yes	Describe
Speech/voice therapy in the past?			
Formal voice/speech training?			
Upcoming performance?			
Excessive telephone use?			

Have you had any of the following?

	No	Yes	When/Describe
Surgery on your larynx			
Thyroid surgery/thyroid imbalance			
Heart surgery			
Chest surgery			
Stroke			
Injury to the neck			
Chemical or inhalation exposure			
Significant personal or professional stress			
Allergies			
*If you have a dog/cat allergy, do you live with a dog/cat?			
Respiratory problems			
Neurological problems			
Endocrine/hormone problems			

Do you:

	No	Yes	How much? Describe
Smoke (tobacco, other substances)			
Drink alcohol (beer, wine, spirits)			
Drink carbonated nonalcoholic beverages?			
Drink water			
Take any medications regularly?			List:

Please add any other information you think may be pertinent: