Taking the Voice Specific Patient History

Introduction
- Voice disorders can have a variety of causes and a thorough history is typically needed when caring for these patients.
- Understanding a patient’s perception of their voice and their vocal demands are necessary in devising an adequate treatment plan with the patient.

Method
- A detailed history of the vocal disorder should be obtained (1). Specifically, symptoms of pain, dysphagia and shortness of breath should be ascertained. Having the patient use words other than "hoarseness" to describe their voice is helpful.
- A multitude of diseases can be associated with voice changes, so a review of the medical history including neurologic, gastrointestinal, rheumatologic/autoimmune, allergic, pulmonary, endocrine, musculoskeletal, psychological, traumatic and infectious causes should be gathered (1).
- Occupation, vocal training, vocal load, and voice habits should be ascertained. This includes a history of professional voice use (2).
- A surgical history should be obtained as intubations and neurosurgical/skull base, cervical and thoracic procedures can lead to dysphonia.
- Medications can result in hoarseness, so an up-to-date medication list should be reviewed (1).
- Validated questionnaires are useful tools. These include but are not limited to the singing voice handicap index (SVHI), voice handicap index (VHI), eating assessment tool-10 (EAT-10), and reflux symptom index (RSI).

Summary
- Validated questionnaires are helpful tools to facilitate quick and thorough histories.
- Occupational history, vocal demands and patient expectations are important factors to consider.
- Vocal disorders that may require more urgent evaluation and treatment include those with respiratory symptoms and those associated with malignancy risk.

References