DEMERA
ALLERGY ASTHMA & ENT CENTER

VOICE / LPR MEDICAL HISTORY

Patient Name: ______________________________ DOB: ____________ Date: ____________

Age: ________ Sex: ________ Ht: ________ Wt: ________ BMI: __________

Primary Physician ______________________________ Referring Physician: ______________________________

Reason for Visit: ____

GENERAL VOICE / LPR QUESTIONS:

Do you have a history of GERD? . . . . YES NO

If so, diagnosis made when? Tests performed? ______________________________

Do you suffer from heart burn or acid indigestion? . . . . YES NO

Do you take antacids? . . . . YES NO

If so, when and what dosage? ______________________________

Do you often eat or snack before bed? . . . . YES NO

If so, how much time between eating and bedtime? ______________________________

Do you often clear your throat (chronic repetitive voice clearing)? . . . . YES NO

If so, what is the phlegm like? . . . . NONE CLEAR COLORED

Do you often have the feeling of fullness or even “a lump” in your throat? . . . . YES NO

Have you experienced a change in voice? . . . . YES NO

Do you have a deeper voice? . . . . YES NO

Do you have a “gravely” voice? . . . . YES NO

If so, when does it occur (morning / evening / all day)? ______________________________

Do you drink caffeinated or alcoholic beverages? . . . . YES NO

If so, what and how much? ______________________________

Do you smoke? . . . . YES NO

If so, what do you smoke? How often? ______________________________

Do you use your voice a lot for work or for social activity (i .e ., construction, singing, etc .)? . . . . YES NO

Do you snore or have sleep apnea? . . . . YES NO

If so, are you on CPAP? . . . . YES NO

Doi you sleep with your head flat? . . . . YES NO

Do you sleep with your head elevated? . . . . YES NO

What time is dinner? ____________________ What time is bed? ____________________

Do you eat dessert or snack before bed? . . . . YES NO

How often? ______________________________

What medications do you take for reflux? ______________________________

Other / Explain: ______________________________