DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ANDREWS UNIVERSITY SPEECH AND HEARING CLINIC

DIAGNOSTIC REPORT

Patient's Name:
Address:
Date of Birth:
Telephone (home):
E-Mail:
Referral Source:
Diagnosis:
Date of Evaluation:
, age years was seen for a voice evaluation on
. The reason for referral was "
." He/she referred by
described his/her voice problem in the following way:
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Background Information reported that he/she had been troubled by the voice problem for approximately The onset was (sudden/gradual) and marked by deterioration of judged the
disruption in occupational and social performance to be (mild/moderate/severe). Times
when the voice was (better/worse) included
Significant others' reactions to the voice problem were described as
reported that he/she
has attempted to address the problem by
and that (some/no) remission of
symptoms had been noted reported he/she has engaged in
the following activities requiring sustained voice use
A history of (voice training/treatment) for approximately
was reported. Medically relevant information provided during the
interview revealed a history of
The (client/patient) is currently taking the following medications
Examination
A. Perceptual evaluation of the (patient's/client's) vocal behavior during the interview revealed that

(Dysphonic/aphonic) episodes seemed related to
Pitch level and variability was (appropriate/inappropriate) with respect to age and gender. Respiration for speech was marked by (clavicular/lower chest) movement, (adequate/inadequate) use of replenishing breaths, and (appropriate/inappropriate)
coordination of voice onset and initiation of exhalation.
Continuity of voice (was/was not) noted throughout the breath groups and (voice breaks/tremor/fading at ends of utterances) were (present/absent). Quality characteristics included (hoarseness/harshness/diplophonia) and visible signs of musculo-skeletal tension (were/were not) seen. Facilitating techniques that were used included and (were/were not) noted to modify symptoms. The overall vocal pattern could be described as -
Symptoms were judged to be of severity and (consistent/inconsistent) with respect
to severity and (consistent/inconsistent) with respect
B. The following tests (MPT; s/z ratio; high-quiet singing; laryngeal diadochokineses; reading /speaking; rate analysis; hearing) were administered and results revealed (Acoustic/aerodynamic finding were (consistent/inconsistent) with the perceptual assessment of
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C. Visualization of laryngeal structure and function using
Revealed that the movement and closure patterns of the folds were
and that (color/secretion level/evenness of margins/lesions) indicated
D. Psychosocial factors noted during the examination included
The (patient/client) appeared to demonstrate
(anxiety/depression/high level of stress) concerning his or her (situation/voice
problem) and was (responsive/unresponsive) to the (stimulability activities/suggestions/question/tasks).
activities/suggestions/question/tasks/.
E. An oral examination revealed normal structure and function for speech and a occlusion was noted. Tonsils and adenoids were
F. Resonance balance was (appropriate/inappropriate)during both nasal and oral test
sentences, humming, and sustained vowels. (Presence/absence) of signs of (nasal obstruction/velopharyngeal closure problems) was observed.
Clinical Impressions may be summarized in the following way:
Recommendations (select appropriate numbers):
1 should be referred for (additional
testing/consults) to 2. Voice therapy to address the areas of should be
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implemented (immediately/following confirmation clinical impressions by furthe

	Voice therapy is not recommended at this time butshould return if the condition (persists/deteriorates).
	was counseled concerning
-	
-	
-	
Signatu	re: Title:
Date: _	