



CASE NOTES (VOICE)

[institution logo]

Name:

Therapist:

d.o.b.

Signature: _____

Date:	DYSPHONIA GROUP	Session No:	Venue:
Client attended?			
In attendance:	# (number of other clients with functional dysphonia)		

GRBAS scale:	G:	R:	B:	A:	S:
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Therapy focus:	Voice Pack #			
Outcome:	nothing of note	could not achieve	inconsistent	highly inconsistent
Notes:				
ACTION:	Practice: Review: Discharge: Discharge Code:			
Other:				

Key to materials:

Voice Pack 1	Voice Pack 2	Voice Pack 3
Information Leaflet	Head and Neck Exercises	Voice Projection
Do's and Don'ts	Guide to Vowels	Acoustic Influences on Voice
Stopping Throat Clearing	Yawn-Sigh into Vowels	Be Gentle! (advice)
Respiratory System	Limbering on 'h'	Contact Details
Diaphragmatic Breathing	Limbering on 'm'	
Breathing Exercises	Easy onset (words/phrases)	
Lifestyle & Vocal Behaviors		
Relaxation Audio		