



Voice Clinic AZ DELTA
Consultation post-surgery

Comment considering the privacy law:

By completing this questionnaire, I give permission to the responsible person of the voice clinic (Dr. Delsupehe) and policy can use this information for research purposes. My medical data will be managed strictly confidential. I agree with the data collection, analysis of these data and the use of these medical data for research purposes. I also agree that these data can be transferred and analysed in other countries than Belgium. My name will not be mentioned; in any way.

General information

Name: _____

Date of birth: _____

Occupation(s): _____

Did you already start to work/school?

yes no

Did you receive speech therapy before the surgery?

yes no

In case of yes:

Name speech-language pathologist: _____

For how long? _____

Do you need a report for refunding speech therapy by the insurance? yes no

Problem overview

Did you experience any difficulties after the surgery?

yes, in particular _____

no

Did you already use your voice on a slightly manner?

yes no

In case of yes, do you experience any difficulties when using your voice?

Did you have to cough very hard during the past period (= from immediately after the surgery until now)?

yes no



Do you still take your Acatar syrup?

yes

no