QUESTIONNAIRE

1.Name (Last, First):		2. Age:		3. Sex (circl	3. Sex (circle one): M F		
4. Address:			5. City:		6. Zip Code	6. Zip Code:	
7. Email:			8. Phone:		9. Date of E	9. Date of Birth:	
10. Voice type (circle one):	Coloratura	Sopra	no	Mezzo	Alto	Tenor	
	Baritone	Bass		Unknown			
11 . Range: to							
12. Do you currently have a	an ENT or lary	ngologi	st that	you see for y	our voice or t	hroat?	
If Yes, who?			No				
13. Do you currently have, hoarseness, laryngitis, node14. Do you have any other allergies, sinusitis, jaw issu	ules, polyps, pa	resis, et	c.) Pleas	se list all that	apply:	asthma,	
15. Please tell me about an							
instruments. Have you perf	=						
16. Do you read music? (cir	cle one):		Yes		No		

17. Have you studied any foreign l	anguages? Please sp	pecify which on	es, and how many years
18. What is your goal in taking vo	oice lessons? What d	lo you hope to	get out of it?
19. What do you like about your v	oice?		
20. What do you dislike about you	r voice?		
20. White do jou	T voice.		
21. Which genre do you want to trapply.)	rain in? (You may se	elect more than	one, please circle all tha
Classical/Opera	Theater/Belt	Pop	Don't Know
22. Any other things you'd like me	e to know?		

Information shared on this form is confidential and will not be shared unless required by law.