

Student Questionnaire

All information is confidential and will remain so in my care. If/when you discontinue study, this information will be returned to you, or shredded.

Best form of communication: text_____ e-mail_____ phone_____

Where did you hear about The Wendy Waller Voice Studio?

Friend_____ Yelp_____ Google_____ Thumbtack_____ Other_____

Name:_____ Age:_____ D.O.B. __/__/____

Home Address: Street_____

City, zip_____

Phone_____ Emergency Phone_____

Email_____

Medical History:

Has student ever had a voice injury? Yes_____ No_____ If so, please explain at the bottom.

Has student ever had any type of voice therapy? Yes_____ No_____ If so, please explain at the bottom.

Does student have any respiratory issues? Yes_____ No_____ If so, please explain at the bottom.

Does student have any other medical conditions? Yes_____ No_____ If so, please explain at the bottom.

Does student take any medications? Yes_____ No_____ If so, please detail at the bottom.

Does student have any physical, or learning disabilities? Yes_____ No_____ If so, please explain at the bottom.

Music Education:

What type of Music would student like to sing? _____

Does student play an instrument? Yes_____ No_____ If so,what? _____

How long? _____

Has student played an instrument in the past? Yes_____ No_____

If so, what? _____ How long? _____

Does student read music? Yes_____ No_____

Theater Education:

Does student perform in musical theater productions? Yes_____ No_____ If so, please
mention production, role and company. _____

Does student study acting? Yes_____ No_____

Does student study dance? Yes_____ No_____ If so, what type? _____

(If under 18, please continue and fill out the following section)

Grade_____ School_____

Parent/Guardian email address_____

All communication to student will be sent to parent(s) if student
is under 18 years of age.