Any concerning change in voice quality. May include:

* + Chronic hoarseness
  + Concerns regarding pitch
  + Loss of Voice/Intermittent Voice
  + Weak/Unusually Quiet Voice

|  |  |
| --- | --- |
| Has the child had an ENT examination within the past 6 months? | |
| Yes | No |
| Please complete the relevant referral form on website | The child should see their GP and if appropriate be referred for an ENT examination.  The ENT Consultant will refer to us for voice therapy if required. |