

Name:

DOB & Age:

Today's Date:

Hearing & Health History

Do you experience hearing loss?

Do you have hearing loss in your right or left ear, or both?

When & where was your last hearing test?

How was the onset of your hearing loss? Congenital, longstanding, fluctuating, gradual or sudden.

Do you have difficulty hearing and understanding speech?

Do you have difficult time hearing in group settings, such as restaurants or churches?

Do you have any family history of hearing loss? If yes, please give details.

Do you have an occupational and/or recreational history of noise exposure? If yes, please give details.

Does your hearing loss affect your job and/or other activities? If yes, please give details.

Do you experience any of the following? Please indicate if both ears, or specify left or right.

Tinnitus/Ringing

Ear Pain/Pressure/Fullness

Ear Drainage

Do you have a history of chronic ear disease and/or infections? Include any surgical history.

Who is your primary care physician?

Do you have any chronic health conditions? Any allergies?

Please list any medications you currently take, or provide a list.

Is there anything else you would like the Audiologist to know?