

What is your primary concern today? Hearing loss Tinnitus Other: _____

When did your child's symptom(s) begin? _____

Do symptom(s) fluctuate? _____ If yes, when is it the worst? _____

Are symptom(s) worse in one ear? _____

Which is your child's better ear? RIGHT LEFT UNSURE

Has your child ever had a hearing test? YES NO When and where? _____

Were there any recommendations? _____

MEDICAL HISTORY

Have you had any of the following? If yes, any within last 90 days? (check all that apply)

- | | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> EAR DRAINAGE | <input type="checkbox"/> EAR PAIN | <input type="checkbox"/> HOLE IN EARDRUM | <input type="checkbox"/> TUBES IN EARS |
| <input type="checkbox"/> DIZZINESS | <input type="checkbox"/> HEAD TRAUMA | <input type="checkbox"/> SUDDEN HEARING LOSS | <input type="checkbox"/> CHRONIC EAR INFECTIONS |

Describe: _____

Has your child been examined by a doctor in the past six months? YES NO

Has your child had ear surgery? YES NO

Has your child ever had wax removed from your ears by a doctor? YES NO

Has your child ever had ear infections? YES NO

Has your child ever been exposed to loud noise in your lifetime? YES NO

Do you know the cause of your child's hearing loss? YES NO

If yes, please explain: _____

HEARING AID HISTORY

Is your child currently wearing hearing aids or cochlear implants? YES NO

If YES, at what age was your child aided? _____

Please list previous or current hearing aid or cochlear implant information (*Manufacture, Model, Year Purchased*):

CONSENT FOR AUDIOLOGICAL SERVICES

I consent to receive audiological services at Advanced Audiology & Hearing aids, LLC. This consent encompasses audiological procedures including, but not limited to, diagnostic testing and rehabilitative treatment. I understand that this consent form will be valid and remain in effect as long as I receive audiological care at Advanced Audiology & Hearing aids, LLC.

Patient Signature: _____ Date: _____