

ADULT CASE HISTORY

Patient Name: _____ **Age:** _____ **Date:** _____

1. Chief complaint: Hearing Loss (Right ear/ Left ear) Tinnitus/Ringing Dizziness
 Difficulty hearing (in Quiet in Noise) Telephone (Right ear Left ear)
How long have you noticed this/these difficulty? _____
Sudden HL? _____ If Yes, When did this occur? _____
2. Do you have pain, discomfort, or drainage from your ears? _____
3. Is this problem due to a work-related injury/ or noise exposure? Yes No
If so: Date of Injury: _____ Explain: _____
4. Do you feel your hearing is changing? Yes No (Gradual Sudden)
5. Have you ever been exposed to loud noise, either recently or in the past? Yes No
If so, please mark all that apply:
 Farm Machinery Music Hunting/Shooting Factory Noise
 Power Tools Military Jet Engines Other: _____
6. Have you seen an Ear, Nose and Throat Physician? Yes No
If so, who did you see? _____ When? _____
Was a hearing aid recommended at that time? _____
7. Have you ever had surgery that may have affected your hearing? Yes No
8. Is there a history of hearing loss in your family? Yes No If so, who/age? _____
9. Have you, in the past 10 years, experienced chronic or acute dizziness, lightheadedness, or vertigo?
 Yes No If yes, please describe: _____
10. Do you take, or have taken in the past, any prescription medications on a regular basis? Please list:
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____
11. Please check any of the following that you currently have or have had in the past:
 Arthritis Heart Trouble Measles Parkinson's
 Asthma Hepatitis Meningitis Bell's Palsy
 High Blood Pressure Sinusitis Diabetes HIV
 Neurological Symptoms Stroke/TIA Head Injury Visual Trouble-Loss/Sight
12. Please rank the following in order of importance (1-4), if a hearing aid is recommended for you:
____ Improved hearing in quiet Improved hearing in noise
____ Cosmetic appearance Expense
13. If you are currently using a hearing aid, or have in the past, please answer the following:
Which ear is/was aided? Right Left
How long have you used a hearing aid? _____
What would improve your current/past hearing aid? _____