AUDIOPROFESSIONAL Hearing Centers

MEDICAL HISTORY FORM

Patient Name:_____ Date of Birth:_____

Medical/Hearing Information:

	Yes	No	Right Ear	Left Ear	Both
Will this be the first time you've had a hearing test?	☐	☐			
When was your last hearing test? Date/How many years ago?:_____					
Have you ever seen an ear, nose and throat physician?	☐	☐			
If yes, please describe why_____					
Do you have pain or discomfort in your ear?	☐	☐	☐	☐	☐
Do you experience tinnitus (i.e. ringing in the ears)?	☐	☐	☐	☐	☐
Does your tinnitus interfere with daily activities?	☐	☐			
Does your tinnitus interfere with sleep?	☐	☐			
Is your tinnitus constant OR intermittent?_____					
Do you have drainage in your ear?	☐	☐	☐	☐	☐
Do you have a history of ear infections?	☐	☐	☐	☐	☐
Have you ever had ear surgery?	☐	☐	☐	☐	☐
Please describe:_____					
Do you experience dizziness or vertigo?	☐	☐			
Do you have a history of noise exposure?	☐	☐			
If yes, please specify (i.e. work, hobbies, military)_____					
Do you feel you have a hearing loss?	☐	☐			
Do you feel one ear hears better than the other? Which ear?	☐	☐	☐	☐	
Do you have a family history of hearing loss?	☐	☐			
Do you wear hearing aids?	☐	☐			
What year did you purchase your hearing aids? _____					
Are you satisfied with your current hearing aids?	☐	☐			
Do you use a smartphone?	☐	☐	_____		

Please describe any other medical conditions you feel may be affecting your hearing/ears:

_____

_____

Assessment of Communication Difficulties: (Please Circle Frequently, Sometimes, or Never)

Does a hearing problem…	Frequently	Sometimes	Never
Make it difficult for you to converse on the telephone?	F	S	N
Cause others to complain that you turn up the television volume?	F	S	N
Cause you difficulty following conversations in a noisy environment?	F	S	N
Cause you to avoid attending or participating in certain activities?	F	S	N
Cause you to ask people to repeat themselves?	F	S	N
Cause you to feel stressed or tired when listening for long periods of time?	F	S	N
Cause you to feel as though others are soft spoken or mumble?	F	S	N