

Health History:

Patient Name: _____ Date: _____

Otological History:

Ear Nose Throat (ENT) physician consulted? Yes No If yes, Name of ENT: _____

History of Ear Infections Yes No Perforated Eardrum Yes No

Ear Disease Yes No Ringing in the ears Yes No

Ear Pain Yes No Facial Numbness Yes No

Ear Discharge Yes No Previous Hearing Test Yes No

Ear Fullness/Pressure Yes No Family History of HL Yes No

Ear Surgery/s Yes No MRI/CT of Head or Ears Yes No

Dizziness/Vertigo in past 90 days Yes No Sinus allergies Yes No

Fallen in the last year Yes No

Other Ear disease: please list: _____

Noise Exposure Yes No If yes: Military Industrial Recreational Other

Hearing Protection Use Yes No Comments _____

Hearing Aid Use Yes No Make/Model/Year _____

Other Health History:

Diabetes Yes No Macular Degeneration Yes No

Headaches Yes No Blindness/Vision Loss Yes No

Heart Disease Yes No Kidney Disease Yes No

Head Trauma Yes No Memory Loss Yes No

Implantable Medical Device(s) Yes No High Blood Pressure Yes No

Chemotherapy Yes No Blood Thinners Yes No

Radiation to Head/Neck Yes No Dementia Yes No

Compromised Immune System Yes No Tobacco Use Yes No

Blow/trauma to head Yes No Shingles Yes No

Other Medical Conditions/Surgeries: _____

Personal Hearing Information:

Name: _____ DOB: _____ Date: _____

Do you have difficulty hearing or understanding speech:

- In a meeting or group situation Yes No
- The TV Yes No
- On the telephone Yes No
- In noisy places Yes No
- At church/a room that echoes..... Yes No
- In a car Yes No
- A store clerk/waitress Yes No

Do family members think you have difficulty hearing? Yes No

Do communication challenges cause stress at home? Yes No

Do you avoid social situations because of communication challenges? Yes No

Hearing Needs Assessment

Tell us the main situation/s you would like to improve communication. Then tell us what happens in this situation? How do you currently respond to it? How do you feel?

Communication Situations/Challenges Example: Difficulty hearing in restaurants	Impact on Quality of Life Example: I withdraw from conversations/ I feel left out
1.	
2.	
3.	