EXPERT HEARING CARE

Audiologic Case History

Patient Name: _____ **Date of birth:_____**

Reason for Hearing Test: _____

Do you experience hearing loss?
☐ Yes ☐ No ☐ Uncertain

Hearing loss is in the:
☐ Right ear ☐ Left ear ☐ Both ears

Onset has been:
☐ Progressive ☐ Sudden ☐ Fluctuating

How long have you had hearing loss?
_____Years _____Months _____Days

Do you experience tinnitus (ringing in ears)?
☐ Yes ☐ No

Tinnitus (if yes, please select):
☐ Right ear ☐ Left ear ☐ Both ears

Onset has been:
☐ Progressive ☐ Sudden

Tinnitus is:
☐ Constant ☐ Intermittent

Tinnitus is described as:
☐ Ring ☐ Buzz
Other: _____

How long have you had tinnitus?
_____Years _____Months _____Days

Noise exposure in your lifetime (check all that apply):
☐ Military ☐ Musician ☐ Race cars
☐ Concerts ☐ Firearms ☐ Construction
☐ Power tools ☐ Heavy equipment
Other:_____

Date of most recent hearing test: _____

Otologic history:
☐ Ear surgery ☐ Wax build-up
☐ Dizziness ☐ Ear pain/drainage
☐ Ear infections
☐ Family history of hearing loss

Situations in which you have difficulty hearing:
☐ In the car ☐ Restaurants
☐ Meetings ☐ On the phone
☐ Watching TV ☐ Place of worship
☐ One-on-one conversations
Other: _____

Does your hearing loss cause:
☐ you to be embarrassed
☐ arguments with your family
☐ you to become frustrated
☐ you to withdraw from social engagements
☐ you to feel handicapped by your hearing loss
Other: _____

Have you ever worn hearing aids before?
☐ Yes ☐ No

If yes, which ears?
☐ Right ☐ Left ☐ Both

What style was/were your hearing aid(s)?
☐ Behind-the-ear ☐ In-the-ear

How would you rate your experience?
☐ Positive ☐ Satisfactory ☐ Poor

If hearing loss is discovered, are you ready for improved communication? ☐ Yes ☐ No