



ADULT HISTORY FORM

PATIENT NAME: _____ DATE: _____

- 1) Have you had a hearing test before? (circle one) Yes No
If yes, when and where? _____
- 2) Have you been previously diagnosed with hearing loss? Yes No
If yes, please indicate ear: Right Left Both
- 3) Have you noticed a change in your hearing in the past year? Yes No
If yes, was it gradual or sudden? _____
- 4) Do you hear better out of one ear than the other? Yes No
If yes, please indicate ear: Right Left
- 5) Do you experience problems involving dizziness? Yes No Describe: _____
- 6) Do you experience "ringing" (tinnitus) in your ears? Yes No
If yes, please indicate ear: Right Left Both Describe: _____
- 7) Do you have any pressure or fullness in your ears? Yes No Right Left Both
- 8) Do you have pain in your ears? Yes No Right Left Both
- 9) Have you been evaluated by an ear specialist (ENT)? Yes No
If yes, who did you see and when? _____
- 10) Do you have a history of ear infections? Yes No
- 11) Do you have problems with frequent colds, allergies or sinuses? Yes No
- 12) Have you had any ear surgeries? Yes No
If yes, please explain: _____
- 13) List any medications you are taking: _____
- 14) Have you experienced any head injuries in the past five years? Yes No
If yes, please explain: _____
- 15) Do you have any history of noise exposure? (circle all that apply)
Hunting Target Shooting Law Enforcement Machinery Military Fireworks
Woodworking Music None Other: _____
- 16) Have you been diagnosed with any pre-existing conditions? (circle all that apply)
Cancer Diabetes Stroke Meniere's Disease Parkinson's
Otosclerosis Heart Disease Multiple Sclerosis Kidney Failure High Blood Pressure
None Other: _____
- 17) Have you ever worn hearing aids? Yes No
- 18) Do you currently own hearing aids? Yes No
Make: _____ Model: _____
Year Purchased: _____ Bought where?: _____
- 19) Are you considering purchasing hearing aids? Yes No
- 20) Please list any other important information you feel we should know: _____

Signature: _____ Date: _____

(Please note: All information is completely confidential and available only per release of the patient)