Patient Name:_____ **Date**: / /

1. Chief complaint: ❒ Hearing Loss (❒ Right ear/ ❒ Left ear/ ❒ Both) ❒ Tinnitus/Ringing ❒ Dizziness
❒ Difficulty hearing (❒ in Quiet ❒ in Noise) ❒ Telephone (❒ Right ear ❒ Left ear)

2. How long have you noticed this difficulty? _____

3. Do you think your hearing is changing? ❒ Yes ❒ No (❒ Gradual ❒ Sudden)

4. 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:

5. Do you have any of the following: ❒ Deformity of the ear ❒ Drainage of the ear ❒ Sudden or rapid loss within the past 90 days ❒ Acute or chronic dizziness/Imbalance ❒ Tinnitus(ringing) ❒ Ear pain

6. Have you ever had your hearing tested? ❒ Yes ❒ No If so, when was your last test? _____

7. Have you seen an Ear, Nose and Throat Physician? ❒ Yes ❒ No
If so, whom did you see? _____ When? _____

8. Have you ever had surgery that may have affected your hearing? ❒ Yes ❒ No Type? _____

9. Is there a history of hearing loss in your family? ❒ Yes ❒ No If so, who? _____

10. Have you ever had an ear infection? ❒ Yes ❒ No (If yes, ❒ as a child ❒ as an adult)

11. Do you take any prescription medications on a regular basis? Please list:
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____

12. 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	❒ Scarlet Fever
❒ Bell's Palsy	❒ High Blood Pressure	❒ Mumps	❒ Sinusitis
❒ Diabetes	❒ HIV	❒ Neurological Symptoms	❒ Stroke/TIA
❒ Head Injury	❒ Malaria		❒ Visual Trouble-Loss/Sight

13. If you are diagnosed with hearing loss, would you be interested in information about hearing aids? ❒ Yes ❒ No

14. 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

15. If you are currently using a hearing aid, or have in the past, please answer the following:
Which ear is/was aided? ❒ Right ❒ Left ❒ Both
How long have you used a hearing aid? _____