# Patient History Form

Patient Name: _____ Date: _____

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

2. How long have you noticed this difficulty? _____

3. Is this problem due to a work-related injury/exposure? Yes / No
   If so: Date of Injury: _____ Explain: _____

4. Do you feel your hearing is changing? Yes / No ( Gradual / Sudden)

5. 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: _____

6. Have you seen an Ear, Nose and Throat Physician? Yes / No
   If so, who did you see? _____ When? _____

7. Have you ever had surgery that may have affected your hearing? Yes / No

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

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

10. Have you, in the past 10 years, experienced chronic or acute dizziness, lightheadedness, or vertigo?
    Yes / No If yes, please describe: _____

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

12. Please check any of the following that you currently have or have had in the past:

| | | | |
|---|---|---|---|
| Arthritis | HIV | Malaria | |
| Asthma | Head Injury | Measles | Parkinson's |
| Bell's Palsy | Heart Trouble | Meningitis | Sinusitis |
| Cancer | Hepatitis | Mumps | Stroke/TIA |
| Diabetes | High Blood Pressure | Neurological Symptoms | Visual Trouble-Loss/Sight |

13. 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

14. If you are currently using a hearing aid, or have in the past, please answer the following:
    Which ear is/was aided? Right / Left
    How long have you used a hearing aid? _____
    What would improve your current hearing aid? _____