



Patient Name: Mary L. Allen Date: 3/20/2011

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)
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. Do you have any of the following symptoms? 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
7. Have you ever had your hearing tested? Yes No If so, when was your last test? _____
8. Have you seen an Ear, Nose and Throat Physician? Yes No
If so, who did you see? _____ When? _____
9. Have you ever had surgery that may have affected your hearing? Yes No Type? _____
10. Who is your primary physician? _____
11. Would you like us to fax a copy of the hearing evaluation to your primary physician? Yes No
12. Is there a history of hearing loss in your family? Yes No If so, who? _____
13. Have you ever had an ear infection? Yes No (If yes, as a child as an adult)
14. Do you take any prescription medications on a regular basis? Please list:
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____
15. 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 Stroke/TIA
 Head Injury Malaria Symptoms Visual Trouble-Loss/Sight
16. 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
17. 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? _____