

Adult Case History Form

Patient Name _____ Date _____

1. Chief complaint: Hearing loss ___ (___right ___left) Tinnitus/Ringing ___
 Difficulty hearing ___ (___in quiet ___in noise)
 Dizziness/ Imbalance/ Falls ___Yes ___No
2. How long have you noticed this difficulty? _____
3. Do you feel your hearing fluctuates? ___Yes ___No
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 ___ Military
___ Hunting/Shooting ___ Factory Noise ___ Power Tools
Other _____
5. Have you seen an Ear, Nose, and Throat Physician? ___Yes ___No
If so, who did you see and when? _____
6. Have you ever had surgery that may have affected your hearing? ___Yes ___No
If so, what surgery did you have and when? Who was the surgeon?

7. Is there a history of hearing loss in your family? ___Yes ___No
If so, who? _____
8. Have you ever had an ear infection? ___Yes ___No If yes, ___child ___adult
9. Have you, in the past 10 years, experienced chronic or acute dizziness, vertigo, or
lightheadedness? ___Yes ___No If yes, please describe: _____

10. Do you currently smoke? ___Yes ___No
11. Please list your prescription medications:

---Over---

Page Two

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

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

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 currently are using a hearing aid, or have in the past, please answer the following:

Which ear is/was aided? right left

Brand of the hearing aid(s) _____

How long have you used a hearing aid(s)? _____

What would improve your current hearing aid(s)? _____

Would you like your current hearing aid(s) to be reprogrammed for a fee of \$50.00?

Yes No