PATIENT HISTORY

Name____ Date_________________

Do you have trouble hearing? YES NO Which ear? RIGHT LEFT BOTH

Do you have a better ear? YES NO IF YES, which? RIGHT LEFT

When did the problem begin? ____________________ GRADUAL or SUDDEN

Do you have difficulty hearing or understanding speech? YES NO

Do others complain about your hearing? YES NO

Have you ever had a hearing test? YES NO

Do you have a family history of hearing loss? YES NO

History of noise exposure? YES NO

Do you or have you experienced the following:

Earache or ear pain? YES NO IF YES, which ear? RIGHT LEFT BOTH

Ear Drainage? YES NO IF YES, which ear? RIGHT LEFT BOTH

Ear or head noises? YES NO IF YES, which ear? RIGHT LEFT BOTH

Dizziness or Vertigo? YES NO

Ear fullness/plugged? YES NO IF YES, which ear? RIGHT LEFT BOTH

Previous ear surgery? YES NO

Do you have a pacemaker? YES NO Heart defibrillator? YES NO

Other medical problems (describe)? ____

Please list any medications you take?

Name of Drug	Amount you take	When you take it	What is it taken for

Name____

*******PLEASE COMPLETE FOR HEARING PROBLEMS ONLY*******

1. What is your hearing aid experience?

- ❑ I have a hearing device and use it regularly on the ___ right ear ___ left ear.
- ❑ I have a hearing device, but don't use it, or use it only occasionally.
- ❑ I tried a hearing device, but returned it for credit.
- ❑ I have inquired about hearing devices at another office(s), but did not purchase at that time.
- ❑ I have never used a hearing device.

2. Please rank the following items on a scale of 1 to 4 in terms of importance to you when purchasing a hearing device.

(1 = Most Important 2 = Important 3 = Somewhat Important 4 = Least Important). Please use each number only *once*.

___ Sound Quality & Clarity ___ Durability/Reliability ___ Cost ___ Appearance

3. What motivated you to come in today?

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4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one)

not motivated 1 2 3 4 5 6 7 8 9 10 very motivated

Listening Situation	How well do you hear in this situation?			How often are you in this situation?		
	Poor	Fair	Good	Often	Sometimes	Rarely
Television						
Music						
Restaurants						
Church						
Meetings/Lectures						
Work Place						
Telephone Conversation						
Car						
Large Social Gathering						
Quiet Room (1 to 2 people)						