

Patient Name _____ Date _____

Medical History

Reason for today's appointment _____

Allergies to any medications, plastics etc.? _____

Current medications _____

Have you ever had ear surgery? Yes No If Yes, which ear? Right Left

Type _____

Please list all major surgeries _____
(Past 10 years)

Please list any serious illnesses _____
(Past 10 years)

Are you diabetic? Yes No

General History

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

How long ago did you notice a decline in your hearing?
 Recently 1-3 years 4-6 years 7-10 years More than 10 years

Have you ever used assistive listening devices? Yes No

In which ear is your hearing poorest? Right Left Same

Which ear do you use on the telephone? Right Left Either

Have you experienced a sudden or progressive hearing loss within the last 90 days? R L Both Neither

Have you experienced any drainage from your ear(s) within the last 90 days? R L Both Neither

Do you suffer from pain or discomfort in your ear(s)? R L Both Neither

Do you suffer from acute or chronic dizziness? Yes No

Is there visible congenital or traumatic deformity of the ear? Yes No

Do you experience tinnitus (ringing in the ears)? Yes No

Describe _____

Any history of ear infections? Yes No

Are there any other members of your family who have a hearing problem? Yes No

Are you now or have you ever worked in a noisy place? Yes No

Current Hearing Technology

Brand and model of your hearing technology _____

Style of technology Behind the Ear In the Ear, describe _____

Do you use technology in both ears? Yes No

How many years ago did you purchase your technology? 1-3 3-5 5+

My current hearing technology

	Always	Sometimes	Never
Feels comfortable	1	2	3
Does not emit feedback or whistling noises	1	2	3
Provides hearing confidence on a day-to-day basis	1	2	3
Is cosmetically appealing	1	2	3

My current hearing technology performance is satisfactory

	Always	Sometimes	Never		Always	Sometimes	Never
While in background noise	1	2	3	In a restaurant	1	2	3
At religious services	1	2	3	While listening to music	1	2	3
At the movies	1	2	3	While watching TV	1	2	3
In the car	1	2	3	In group conversations	1	2	3
On the phone	1	2	3	In conversations with spouse	1	2	3
In a conference room	1	2	3	In conversations with children	1	2	3

Please provide the top three listening situations where you would like to hear better

- _____
- _____
- _____

Please select your current lifestyle and if different please identify your desired lifestyle

Active Lifestyle (Frequent Background Noise)

Current Desired

Casual Lifestyle (Occasional Background Noise)

Current Desired

Quiet Lifestyle (Limited Background Noise)

Current Desired

Very Quiet Lifestyle (Rare Background Noise)

Current Desired

Notes _____

