Hearing Health Care Center

Patient History Form **Today's Date:** _____

Name: _____ **DOB:** _____

General Health History (please check all that apply)

Have you ever had any of the following?

☐ Arthritis	☐ Bell's Palsy	☐ Cancer
☐ Concussion/Skull Fracture	☐ Dementia/Alzheimer's	☐ Depression/Anxiety
☐ Diabetes	☐ Hepatitis	☐ High Blood Pressure
☐ HIV	☐ Measles	☐ Meningitis
☐ Multiple Sclerosis	☐ Mumps	☐ Pacemaker
☐ Parkinson's	☐ Seizures	☐ Stroke/TIA

Are you are current or past tobacco user? ☐ Yes ☐ No If so: ☐ Current ☐ Past

Hearing Health History

Do you think you have a hearing loss? ☐ Yes ☐ No

If so, how long have you had the problem? _____

Do you have one ear that is better or worse than the other? _____

Have you ever had your hearing tested before? ☐ Yes ☐ No If yes, how long ago? _____

Have you ever worn hearing aids before? ☐ Yes ☐ No

Please check all that apply:

___ Tinnitus (ringing in the ear), If so: ☐ Right Ear ☐ Left Ear ☐ Both Ears

Is the sound… ☐ Constant ☐ Pulsatile

___ Dizziness/Vertigo, If so is your physician aware or are you being treated? ☐Yes ☐No

___ History of Ear Surgery ___ Recent ear pair or drainage

___ History of Noise Exposure, If so please explain _____

___ Family History of Hearing Loss, If so what relation? _____

Does a hearing problem cause you to feel embarrassed when you meet people?

☐ Yes ☐ Sometimes ☐ No

Does a hearing problem inhibit your ability to talk with friends or family? ☐Yes ☐Sometimes ☐No

Do you have difficulty when someone speaks in a whisper? ☐ Yes ☐ Sometimes ☐ No

Does a hearing problem cause you to withdraw from certain activities you enjoy?

☐Yes ☐Sometimes ☐No

Does a hearing problem cause you difficulty when in a restaurant? ☐Yes ☐ Sometimes ☐ No

Do you experience difficulty hearing the television? ☐Yes ☐Sometimes ☐No

Do you experience difficulty hearing on the telephone? ☐Yes ☐Sometimes ☐No

Medication List (a medication list can be attached to this form in lieu of filling out the section)

Medication Name	Dosage & Frequency

Are there any other aspects of your health we should be aware of?