HEALTH HISTORY

Please Complete the FRONT & BACK sides

Date: _____ **Patient Name:** _____ **DOB:** _____

Do you think you have a hearing problem? ❑ Yes ❑ No ❑ Not Sure
Which ear is your better ear? ❑ Right ❑ Left ❑ Not Sure
Has the hearing loss been: ❑ Gradual ❑ Sudden ❑ Fluctuating
When did you first notice your hearing problem? _____
When was the last time you had your hearing tested? _____
Do you have tinnitus? ❑ Yes ❑ No
Is your tinnitus bothersome? ❑ Yes ❑ No
if you answered "yes" please fill out the Tinnitus History Intake Questionnaire (page 3-4)

Medical History - Please check those that apply:

- ❑ Frequent ear infections
- ❑ Draining/bleeding ears
- ❑ Sudden loss of hearing in the last 90 days ❑ Right ❑ Left ❑ Both
- ❑ Ear pain, tenderness or swelling in the last 90 days ❑ Right ❑ Left ❑ Both
- ❑ Fullness/pressure in the ears
- ❑ Frequent head colds. Sinus/allergy problems
- ❑ Popping sensation in the ear
- ❑ Family history of hearing loss
- ❑ Dizziness
- ❑ Headaches
- ❑ TMJ (jaw pain, clicking)
- ❑ Acoustic trauma (firecrackers, loud sounds)
- ❑ Reduced cognitive ability
- ❑ Head trauma with loss of consciousness
- ❑ Vision problems ❑ Glasses ❑ Other _____
- ❑ Surgery to: ❑ Head ❑ Neck ❑ Sinus ❑ Ear

- ❑ Measles
- ❑ Mumps
- ❑ Rubella
- ❑ Pneumonia
- ❑ Meningitis
- ❑ Epilepsy
- ❑ Cerebral Palsy
- ❑ High fever
- ❑ Scarlet Fever
- ❑ Herpes
- ❑ Polio
- ❑ Stroke
- ❑ Cardiac problems
- ❑ Blood Disease (anemia)
- ❑ Hepatitis A, B or C
- ❑ Tuberculosis
- ❑ Vascular Disease
- ❑ Multiple Sclerosis
- ❑ Lyme Disease
- ❑ Cancer: _____ Chemo? ❑ Yes ❑ No
- ❑ Kidney Disease
- ❑ AIDS/ HIV positive
- ❑ Compromised immune system such as RA
- ❑ Hyper Thyroid
- ❑ Hypo Thyroid
- ❑ Daily Alcohol consumption _____/ day
- ❑ Daily Caffeine intake _____ / day
- ❑ Smoking or tobacco use ❑ Tobacco ❑ Other
- ❑ Routine MRI
- ❑ Radiation to head or neck
- ❑ Diabetes
- ❑ Pacemaker
- ❑ High Blood pressure Under control? ❑ Yes ❑ No
- ❑ Low Blood pressure Under control? ❑ Yes ❑ No
- ❑ Currently taking a blood thinner
- ❑ Currently taking a diuretic
- ❑ Daily Aspirin dosage_____
- ❑ Other medical conditions you feel are important for us to know: _____

Have you ever taken any of the following medications? ☐Dihydrostreptomycin ☐Gentamicin ☐Kantamycin ☐Neomycin ☐Quinine ☐Streptomycin ☐Vancomycin

How would you describe your general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please list or provide us with a list or a copy of medications (including over-the-counter and supplements) you take regularly, include dosage, frequency and route: _____

_____

_____

Noise Exposure:

Have you **ever** been exposed to loud noise, recently or in the past? ❑Yes ❑ No ❑ Not Sure
Please indicate the types of noise:

- ❑ Power tools
- ❑ Power lawn mowers/leaf blowers
- ❑ Military tanks or other equipment
- ❑ Aircraft
- ❑ Motorcycles
- ❑ Factory work / Farm equipment
- ❑ Loud music
- ❑ Explosions
- ❑ Heavy Equipment
- ❑ Gunfire (shoot with ❑ Right ❑ Left hand)

Are you exposed to noise daily? ❑Yes ❑ No ❑ Not Sure
Have you been exposed to noise in the last 24 hours? ❑Yes ❑ No ❑ Not Sure
Have you ever worn hearing protection? ❑Yes ❑ No
If yes, what type? _____

Hearing Aid History:

Have you ever worn or tried hearing aid(s)? ❑Yes ❑ No When?_____
Do you still wear hearing aid(s) now? ❑Yes ❑ No
Which ears? ❑ Right ❑ Left ❑ Both
Describe your experience: _____

Lifestyle:

Hobbies/ Interests: _____

Occupation (if applicable): _____

Where Do You Experience Hearing Challenges?	***Always***	***Sometimes***	***Never***
1) I have to ask people to repeat themselves even when I am in quiet situations			
2) My Family members complain that I need to turn the TV volume louder than they do			
3) When I talk on the phone I miss some of what is being said			
4) During a game around a table I have difficulty hearing the conversation			
5) When I am in a busy public place such as a mall, I have difficulty communicating with others			
6) In meetings I have to strain to make sure I hear everything			
7) When I'm eating in a restaurant, I have to ask my dining companion to repeat things			
8) I miss a lot of information during church and/or classroom lectures.			
9) When I'm listening to music/concerts, I miss parts of the performance.			
10) If I'm in the car with others who are talking, I can't hear what they're saying			