

Adult Audiology History

Name: _____ Date: _____ The following information is confidential.

Reason for today's visit: _____

Have you had or currently have any of the following conditions: Please Circle

High Blood Pressure	Heart Disease	Stroke	Arthritis	Pace Maker	Measels
General Anesthesia	Meningitis	Cancer	Diabetes	Kidney Disease	Mumps

List all the Medications you currently take: _____

Do you experience difficulty hearing? If yes, RIGHT LEFT BOTH ears? _____

Describe your hearing loss: SUDDEN GRADUAL FLUCTUATING? _____

When did you first notice difficulty hearing? _____

Has your hearing become worse since you first noticed the problem? _____

When was your last hearing evaluation? _____ Results? _____

Have you ever had ear, nose or throat surgery? If yes, briefly explain: _____

Have you had any recent hospitalizations/surgeries? _____

Have you experienced any ear pain, pressure, or fullness? If yes, briefly explain: _____

Do you experience tinnitus such as a ringing or buzzing noises? If yes, RIGHT LEFT BOTH ears? _____

If yes, is the tinnitus sound PERSISTENT INTERMITTENT OCCASIONAL? _____

Have you experienced any dizziness or vertigo? If yes, briefly explain: _____

Has anyone in your family experienced hearing loss? If yes, who? _____

Have you ever been exposed to excessive noise? If yes, briefly explain: _____

Have you ever experienced head trauma? If yes, briefly explain: _____

Have you ever worn hearing devices? ____ If YES, what type? _____ How long? _____

Please answer the following questions:

Does a hearing loss cause you to feel embarrassed when meeting new people?	Yes	Sometimes	No
Do you have difficulty understanding speech on a cell phone or landline or TV?	Yes	Sometimes	No
Do you sometimes feel that people are mumbling or not speaking clearly?	Yes	Sometimes	No
Does a hearing problem cause you to be frustrated when talking to family members?	Yes	Sometimes	No
Do you find it difficult to follow conversation in a noisy restaurant or crowded room??	Yes	Sometimes	No
Does hearing loss cause difficulty when socializing with friends, relatives or neighbors?	Yes	Sometimes	No
Do you experience difficulty understanding soft or whispered speech?	Yes	Sometimes	No
Do you find it difficult to understand a speaker at a public meeting or religious service?	Yes	Sometimes	No
Do you find yourself asking people to speak up or repeat themselves?	Yes	Sometimes	No
Do you feel that difficulty hearing interferes with your work, social or personal life?	Yes	Sometimes	No
