

## Adult Case History Form

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most appropriate for **you**. By working together **we** will find the best solution for you.

1. Chief complaint:  Hearing Loss (  Right ear/ Left ear)  Tinnitus/Ringing  Dizziness  
 Difficulty hearing ( in Quiet  in Noise)  Telephone ( Right ear  Left ear)
  
2. How long have you noticed this difficulty? \_\_\_\_\_
  
3. Is this problem due to a work-related injury/exposure?  Yes  No  
If so: Date of Injury: \_\_\_\_\_ Explain: \_\_\_\_\_
  
4. Do you feel your hearing is changing?  Yes  No ( Gradual  Sudden)
  
5. Have you ever been exposed to loud noise, either recently or in the past?  Yes  No  
If so, please mark all that apply:  
 Farm Machinery  Music  Hunting/Shooting  Factory Noise  
 Power Tools  Military  Jet Engines  Other: \_\_\_\_\_
  
6. Have you seen an Ear, Nose and Throat Physician?  Yes  No  
If so, who did you see? \_\_\_\_\_ When? \_\_\_\_\_
  
7. Have you ever had surgery that may have affected your hearing?  Yes  No
  
8. Is there a history of hearing loss in your family?  Yes  No If so, who? \_\_\_\_\_
  
9. Have you ever had an ear infection?  Yes  No (If yes,  as a child  as an adult)
  
10. Have you, in the past 10 years, experienced chronic or acute dizziness, lightheadedness, or vertigo?  
 Yes  No If yes, please describe: \_\_\_\_\_
  
11. Do you currently take any ototoxic medications?  Yes  No
  
12. Please check any of the following that you currently have or have had in the past:  

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Measles	<input type="checkbox"/> Parkinson's
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Bell's Palsy	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Mumps	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV	<input type="checkbox"/> Neurological	<input type="checkbox"/> Stroke/TIA
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Malaria Symptoms	<input type="checkbox"/> Visual Trouble-Loss/Sight	
  
13. If you are currently using a hearing aid, or have in the past, please answer the following:  
Which ear is/was aided?  Right  Left  
How long have you used a hearing aid? \_\_\_\_\_  
What would improve your current hearing aid? \_\_\_\_\_

**Please continue on other side**



**Adult Case History Form - Continued**

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

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2. How important is it for you to hear better? Mark an X on the line.

*Not Very Important* ----- *Very Important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

*Not Very Motivated* ----- *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line.

*Not be helpful* ----- *Greatly improve my hearing*

5. What is your most important consideration regarding hearing aids? Rank order the following factors with **1** as the most important and **4** as the least important. Place an **X** on the line if the item has no importance to you at all.

- \_\_\_ Hearing aid size and the ability of others not to see the hearing aids
- \_\_\_ Improved ability to hear and understand speech
- \_\_\_ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)
- \_\_\_ Cost of the hearing aids

6. Do you prefer hearing aids that: (check one)

- \_\_\_ are totally automatic so that you do not have to make any adjustments to them
- \_\_\_ allow you to adjust the volume and change the listening programs as you see fit
- \_\_\_ no preference

7. Does it bother you if others can see your hearing aid? Yes No (circle one)

8. How confident do you feel that you will be successful in using hearing aids?

*Not Very Confident* ----- *Very Confident*

9. There is a wide range in hearing aid prices. The cost of hearing aids depends on a variety of factors including the sophistication of the circuitry (for example, higher level technology is more expensive than the more basic hearing aids) and size/style (for example, the CIC hearing aids are more expensive than the BTE instruments). The price ranges listed below are for **two** hearing aids. Please check the cost category that represents the maximum amount you are willing to spend. Please understand that you are not locked into that price range. It is just very helpful for us to know your budget so that we can provide you with the most appropriate hearing aids.

- \_\_\_ Two Basic digital hearing aids: Cost is between \$1500 -- \$2800
- \_\_\_ Two Basic Plus hearing aids: Cost is between \$3200 -- \$3800
- \_\_\_ Two Mid-level digital hearing aids: Cost is between \$4200 -- \$4800
- \_\_\_ Two Premium digital hearing aids: Cost is between \$5000 -- \$6000

**Financing is available through Care Credit with no interest plans.**