

Hearing Care

By Dr. David Hough, PhD Audiologist

HISTORY

Name: _____ Birthdate: _____

Address: _____

Primary phone: _____ Secondary phone: _____

Occupation: _____ Work phone: _____

Caregiver: _____ Phone: _____

Insurance name: _____ # _____

Family Medical Doctor: _____ Location: _____

Primary reason for visit: _____

Date symptoms first appeared: _____

Do you have: Hear loss? _____ One ear worse than the other? _____

Dizziness? _____ Tinnitus or ringing in the ear? _____

Past history of ear infections? _____ Ear Operation(s)? _____

List all medications you are taking: _____

How did you hear about our office? _____

HISTORY (CONTINUED) Name: _____

What would you consider to be your chief communication problem? In what situation(s) do you notice the most difficulty hearing or understanding?

Have you ever worn a hearing aid? Yes No If so, how long? _____

Please answer the following questions with regard to your current situation (whether you wear hearing aids or not).

1. Are you outgoing and very socially active? Yes Sometimes No
2. Do family members or friends tend to leave you out of detailed discussions because of your hearing difficulty? Yes Sometimes No
3. Do you avoid gatherings or say very little in groups for fear of making inappropriate responses due to poor hearing? Yes Sometimes No
4. In groups do you try to do most of the talking, seldom letting others steer the conversation, to avoid 'mishearing'? Yes Sometimes No
5. If misunderstandings occur due to your hearing loss, do your attempts to 'repair' the situation usually fail? Yes Sometimes No
6. In a discussion do you usually make non-committal or neutral responses for fear of not hearing clearly? Yes Sometimes No

DO YOU HAVE DIFFICULTY HEARING ...

- | | | | |
|---|-----|-----------|----|
| With one person in quiet? | Yes | Sometimes | No |
| With one person in noise? | Yes | Sometimes | No |
| Watching TV? | Yes | Sometimes | No |
| In small groups of people (2-3) in quiet? | Yes | Sometimes | No |
| In small groups of people (4 or More) in quiet? | Yes | Sometimes | No |
| In large groups of people in noise? | Yes | Sometimes | No |
| At a religious center? | Yes | Sometimes | No |
| In meetings, classes or lectures? | Yes | Sometimes | No |
| In the car? (alone or with others) | Yes | Sometimes | No |
| On your home phone? | Yes | Sometimes | No |
| On your cell phone? | Yes | Sometimes | No |
| At work? | Yes | Sometimes | No |
| In a noisy environment (shop/production floor)? | Yes | Sometimes | No |
| At the theatre or movies? | Yes | Sometimes | No |
| With children's or women's voices? | Yes | Sometimes | No |
| At a party? | Yes | Sometimes | No |