Mendocino Lake Audiology

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Fax: (707) 463-2970

200 Lakeport Blvd.
Lakeport, CA 95453
(707) 263-9428
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Medical History

Have you seen a Doctor in the past 6 months? Yes_____ No_____

Name of Doctor_____

Will this be your first hearing test? Yes_____ No_____

Have you ever had ear surgery? Yes_____ No_____

Do you have HIV? Yes_____ No_____

Do you have Hepatitis C? Yes_____ No_____

Did/Do you have any of the following?

Deformity of the ear? Yes_____ No_____

Ear drainage/Bleeding? Yes_____ No_____

Sudden or rapid hearing loss in the past 90 days? Yes_____No_____

Acute of recurring dizziness? Yes_____ No_____

Do you have ear pain? Yes_____ No_____

Have you had earwax removed by a doctor? Yes_____No_____

Do you have ringing in your ears? Yes_____ No_____

Are you/Have you been subjected to loud sounds? Yes_____No_____

Hearing History

How long have you had trouble hearing?_____

Which is your better ear?_____

Do you currently wear hearing aid(s)? Yes_____ No_____

If yes, Brand name_____

How old are they? _____

How important is it for you to improve your hearing right now? Circle One
Not Important Somewhat Important Very Important

How much do you believe in your ability to use the hearing instruments?

_____I don’t believe they will help.

_____I truly believe that I will benefit from using them.