THE HEARING CARE CLINIC
Nancy A. Congdon, Au.D.
Doctor of Audiology

Pt. Name ____________________

Date ___________________

HISTORY INFORMATION

Chief Complaint ____
____

How Long? ____________________________________ Progression of Hearing Loss ______________________

Is one ear better than the other? Which one? ____

Have you ever had your hearing tested before? ____________ How long ago? ____________________________

Have you consulted with your physician about this problem in the past? ______________________________
____

History of ear infections and treatment ____
____

Do you have ringing or buzzing in your ears? Describe ____
____

Do you have problems with dizziness? Describe ____
____

Is there a history of noise exposure? Describe ____

Is there a family history of hearing loss? ____

Do you have any of the following? Circle all that apply: **Diabetes** **Heart Disease** **Vascular Problems** **Hypothyroidism** **Chronic Renal Disease**

List any other major medical problems ____
____

List any medications you may be taking ____
____

Have you ever had surgery on your ears, head, or face? Describe ____
____

Have you ever used hearing aids? When and for how long? ____

Do you think you need hearing aids? ____

Additional Information ____
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____