

HEARING HEALTH HISTORY

Name: _____ Date: _____

Primary Complaint/Symptom: _____

Onset of Complaint/Symptom: _____

For this section please mark all conditions that apply to you

Left ear hearing impairment for: none < 3 years 3-5 years 5 or more years

Right ear hearing impairment for: none < 3 years 3-5 years 5 or more years

have had an ear infection in the past 1 year or 5 years it was treated by PCP/ENT

surgery: right ear left ear If so, the approx. dates: _____
 myringotomy/ventilation tubes tympanoplasty mastoidectomy
 stapedectomy

tinnitus (ringing): left ear ring/roar crickets occasional constant
 right ear ring/roar crickets occasional constant

family history of hearing impairment: parents siblings grandparents/aunts/uncles

vertigo: If so, please describe: _____

currently use a hearing aid: right ear left ear both ears

Social Information

Living environment: with spouse alone with adult children child living w/parents
 in a retirement community in assistive living/nursing home

Social activity: attend church regularly difficulty understanding preacher
 play cards/dominos golf dine out regularly Sunday school
 social clubs interact with children/grandchildren regularly

Telephone: preferred ear: right left
degree of difficulty on telephone: _____
primary use of telephone: social employment infrequent

Television: no problem understanding plays too loud for others watch own TV
 use closed captioning do not watch TV regularly

Occupational/recreational Loud Noise Exposure

no history of occupational noise exposure
 military noise exposure: _____
 type of occupational noise exposure _____

Medical History

How is your general health? _____

List any conditions that you have now or have had in the past: _____

List any recent hospitalizations/surgeries: _____

List any medications that you are taking: _____