Raleigh
Hearing and Tinnitus Center

919-790-8889
Fax: 919-865-2875

www.raleighhearingandtinnituscenter.com 10010 Falls of Neuse Rd Ste12 - Raleigh, NC 27614

Medical History

Please check all conditions that apply:

____ Dizziness or unsteadiness

____ Ear deformity If checked: Right Ear Left Ear Both Ears

____ Ear drainage If checked: Right Ear Left Ear Both Ears

____ Ear fullness/pressure If checked: Right Ear Left Ear Both Ears

____ Ear pain If checked: Right Ear Left Ear Both Ears

____ Ear surgery If checked: Right Ear Left Ear Both Ears Surgery: _____

____ Family history of hearing loss If checked, who?: _____

____ History of loud noise exposure If checked: Right Ear Left Ear Both Ears

____ Sudden hearing loss last 90 days If checked: Right Ear Left Ear Both Ears

____ Tinnitus/ringing/noises in ear If checked: Right Ear Left Ear Both Ears

Do you have any major medical conditions?: _____
_____

Please list all current prescription, over-the-counter, and vitamins/dietary supplements taken. For each medication, please list:

Medication Name Dose Frequency Taken Route of Administration (ex: by mouth)

_____
_____
_____
_____
_____
_____
_____