



ADULT CASE HISTORY

HEARING HISTORY

1. Chief Complaint: Please check all that apply.

- Hearing Loss: Right Ear
- Hearing Loss: Left Ear
- Hearing Loss: Both Ears
- Tinnitus/Ringing in the Ears
- Ear Pain/Blockage/Fullness
- Dizziness/Vertigo
- Other:

2. What situations do you have difficulty hearing?

- One-on-one conversations
- Group conversations
- Work
- Restaurants
- Church
- TV
- Telephone
- Other:
- Additional Comments:

3. How long have you noticed these difficulties? Was the change gradual or sudden?

4. Have you had a hearing test before?

- Yes
- No

Additional Comments:

hear • speak • communicate



5. Have you been exposed to loud noises, such as firearms, heavy equipment, power tools, etc., either recently or in the past?

Yes

No

Additional Comments:

6. Is there a history of hearing loss in your family?

Yes

No

Additional Comments:

7. Have you ever experienced ringing, buzzing or humming sounds in your ears? Is it in one ear or both?

Yes

No

One Ear (Right)

One Ear (Left)

Both

Additional Comments:

8. Have you experienced dizziness or vertigo? If yes, please describe:

Yes

No

Additional Comments:

9. Have you ever experienced a serious head injury (e.g., concussion)?

Yes

No

Additional Comments:

10. Have you ever been evaluated by an ear, nose and throat physician? If yes, what was the purpose of the evaluation?

Yes

No

Additional Comments:

**IF YOU ARE CURRENTLY USING A HEARING AID OR HAVE IN THE PAST,
PLEASE ANSWER THE FOLLOWING:**

1. How long have you used a hearing aid?

2. Which ear is/was aided?

Right

Left

Both

Additional Comments:

3. What would improve your current hearing aid?

4. What questions or problems would you like us to help with today?