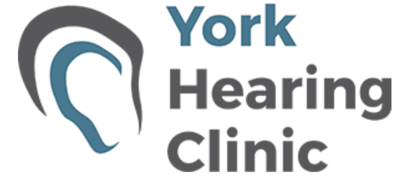
Hearing Health Assessment

New Patients



Patient Name: ______________________________ Date: ______________________________

General History

When was your last hearing exam? ____________________ By whom? ____________________

What were the recommendations? ______________________________

How long ago did you start to notice a decline in your hearing? ______________________________

☐ Within pas 90 days ☐ 1-3 years ☐ 4-6 years ☐ 7-10 years ☐ 10+ years

Have you ever used assistive listening devices? ☐ Yes ☐ No

Do you suffer from acute or chronic dizziness? ☐ Yes ☐ No

Has anyone in your family suffered hearing loss? ☐ Yes ☐ No If yes, who? ____________________

Medical History

☐ Diabetes ☐ Radiation therapy to local area ☐ Compromised immune system

☐ Cognitive ability ☐ Chemotherapy within 6 months ☐ TMJ

Allergies to any medicine, plastics, etc.? ______________________________

Current medications (i.e., blood thinners) ______________________________

____

Have you ever had ear surgery? ☐ Yes ☐ No If yea, which ear? ☐ Right ☐ Left

Type ______________________________

Do you have regular MRIs? ☐ Yes ☐ No

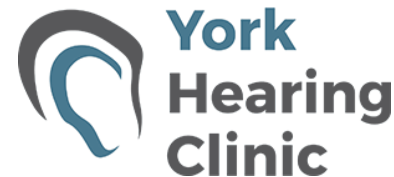
Please list all major surgeries and illnesses (past 10 years) ______________________________

____

		Right Ear	Left Ear
Interview	**Patient Experience**	☐ Poor hearing ☐ Telephone ☐ Ringing ☐ Pain/discomfort ☐ Drainages (past 90 days) ☐ Excessive noise exposure	☐ Poor hearing ☐ Telephone ☐ Ringing ☐ Pain/discomfort ☐ Drainages (past 90 days) ☐ Excessive noise exposure
Examination	**Audiometric Range**	☐ Within range ☐ Out of range	
	Middle Ear & Outer Ear	☐ TM perforation ☐ PE tube ☐ Osteoma ☐ Cholesteatoma ☐ Malformation ☐ Exostosis ☐ Cerumen buildup ☐ Keratosis obturana ☐ Chronic or acute drainage	☐ TM perforation ☐ PE tube ☐ Osteoma ☐ Cholesteatoma ☐ Malformation ☐ Exostosis ☐ Cerumen buildup ☐ Keratosis obturana ☐ Chronic or acute drainage
	Skin Condition	☐ Contact dermatitis ☐ Chronic external otitis ☐ Thin, dry skin, risk of trauma	☐ Contact dermatitis ☐ Chronic external otitis ☐ Thin, dry skin, risk of trauma
	Ear Geometry	☐ Too narrow ☐ Vertical step ☐ Ant/post bulge ☐ V-shaped	☐ Too narrow ☐ Vertical step ☐ Ant/post bulge ☐ V-shaped

Hearing Health Assessment

New Patients



Does a hearing problem...	Always	Sometimes	Never
Make it difficult for you to converse on the telephone?	A	S	N
Cause others to complain that you turn up the television or radio too loud?	A	S	N
Cause you difficulty following conversation in a restaurant?	A	S	N
Limit or hamper your personal or social life?	A	S	N
Cause you to have to ask people to repeat themselves?	A	S	N
Cause you to have difficulty hearing when you	A	S	N
are in the presence of background noise?	A	S	N
Cause you to have difficulty when hearing women's or children's voices?	A	S	N
Cause you to hear people speak but fail to understand what they are saying?	A	S	N
Cause you to feel stressed or tired when listening for long periods of time?	A	S	N

Please provide the top three listening situations where you would like to hear better.

1. ______________________________
2. ______________________________
3. ______________________________

Please select your current lifestyle, and, if different, please identify your desired lifestyle.

Active Lifestyle (frequent Background Noise)

☐ Current ☐ Desired

Causal Lifestyle (Occasional Background Noise)

☐ Current ☐ Desired

Quiet Lifestyle (limited Background Noise)

☐ Current ☐ Desired

Very Quiet Lifestyle (Rare Background Noise)

☐ Current ☐ Desired

Notes ______________________________