



Adult Audiology History

Name: _____ Date of Birth: _____

What is your primary reason for coming in today? _____

If you suspect a hearing loss, how long have you noticed this problem? _____

What do you believe caused your hearing problem? _____

Was the onset of your hearing loss gradual or was it sudden? Gradual Sudden

In which ear do you hear the best? Right Left Same in both ears

Have you ever been exposed to occupational or recreational noise (example: military, music, gunfire)?
 YES NO

If yes, please describe _____

Does anyone in your family have hearing loss? YES NO

If yes, who? _____

Have you ever had your hearing tested? YES NO

If yes, when? _____

MEDICAL HISTORY:

Have you had earaches or drainage from your ears within the last 90 days? YES NO

Have you ever had medical/surgical treatment for your ears? YES NO

If yes, please explain: _____

Do you ever have dizziness or balance problems? YES NO

Do you notice any tinnitus (ringing, buzzing, or roaring) in your ears? YES NO

If yes, which ear? Right Left Both ears

Is it constant, or does it occur occasionally? Constant Occasionally

Please list any medications you are currently taking or have taken recently:



Have you had or do you currently have any of the following? Check all that apply.

- High Blood Pressure
- Meningitis
- Mumps
- Vision Problem
- Arthritis
- Heart Disease
- Stroke/TIA
- Multiple Sclerosis
- Cancer
- Diabetes
- Kidney Disease
- Depression/Anxiety
- Meningitis
- Dementia/Alzheimer's
- Measles

HEARING HISTORY:

List 3 areas where you have the most difficulty hearing or understanding:

1. _____
2. _____
3. _____

Do you have difficulty hearing/understanding in any of the following situations? Check all that apply.

- Watching TV
- Restaurants
- Meetings
- Telephone
- Movies
- Religious services

HEARING AID HISTORY:

Do you wear hearing aids? YES NO

If yes, which ear uses a hearing aid? Right Only Left Only Both

Do you wear your hearing aid(s) regularly? YES NO

Do you feel you benefit from your hearing aid(s)? YES NO

List any problems you are having with the hearing aids _____

What would you improve about your current hearing aid technology? _____

Is there any other information related to your hearing you feel might be important for your Audiologist to know?

Whom should we thank for referring you to Auditory-Verbal Center? _____