

EAR HISTORY FORM

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Occupation: _____

Address: _____

(Street)

(City/State)

(Zip Code)

Phone: _____ Email: _____

Do you use a cellphone? Apple (iPhone) Android Flip phone/other

Referral Source: Newspaper Website Social Media Family/Friend

Physician Other: _____

Reason(s) for Seeing Audiologist

History of Hearing Loss

Right Ear Left Ear Both Ears Age at onset: _____

How did the hearing loss progress? Progressive (gradually) Fluctuant (comes & goes) Sudden

Is one ear worse than the other? No Yes → If yes, which ear is worse _____

Family History of Hearing Loss? If so, who? _____

Remarks: _____

Previous Hearing Evaluation

When/Where? _____

Remarks: _____

Have you worn hearing aids before? Yes No

Type: Behind-the-ear In-the-ear Make/Model: _____

How long have you worn hearing aids? _____

Please list up to 5 situations that you experience hearing difficulties (TV, phone, restaurants, church, etc.)

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Ear History

History of Wax Impactions Yes No What do you use to remove wax? _____

How often do you get your ears professionally cleaned? _____

History of Ear Infections Yes No Age at Onset _____

Please list any ear surgeries, including dates. _____

Do you experience tinnitus? (Ringing, roaring, chirping, etc.) Right Ear Left Ear Both

How often does the noise occur? Always Occasionally Other _____

Please describe the type of noise that you experience: _____

Please choose what best describes the noise? Constant Ringing Pulsating Ringing Chirping
 High Frequency Tone Other _____

Does the noise appear to pulsate in tune with your heartbeat? Yes No

Additional Remarks: _____

Have you experienced dizziness? Always Occasionally Never

Description of dizziness: Spinning Lightheadedness Unsteadiness Other _____

Have you been evaluated for your dizziness? Yes No

Results: _____

Noise Exposure Examples of noise exposure include power tools, lawn mowers, gun shots, etc.)

Work How long did you hold that job? _____

Home (power tools, lawn mowers, etc.) Hobbies (shooting guns, hunting, etc.)

Events (games, concerts, etc.) Military Service

Other _____

How often do you/did you wear hearing protection when exposed to loud noises?

Always Most of the time Half of the time Some of the time Never

Additional Remarks: _____