King Hearing Center

Personal Hearing History

1. When did you first notice difficulty with your hearing or understanding? _____
2. What do you believe caused your hearing problem? _____
   a. Noise-work, hobbies, accident, injury, military, guns, _____
   b. Illness-as child, as adult, medications, procedures, _____
3. Any family history of hearing problems? _____
4. Do your ears Ring or make Noises? _____
5. Do you have difficulty understanding on the telephone? _____Ear Used: R L
6. Do others say that the television is too loud? _____
7. Do you have to ask others to repeat? _____
8. In what situations do you have difficulty understanding conversation or hearing clearly? (Circle)
   a. Quiet Settings Background Noise Loud Settings Specific Places Specific Individuals
   b. Specifically: One on One, Soft Speakers, Small crowds, Large crowds, Loud settings, Home, Work, Events, Place of Worship, Men, Women, Children, Soft speakers, Individuals, _____.

OFFICE USE ONLY

Pina	R	L
Unremarkable	R	L
Dermatitis	R	L
Growth/Molds	R	L
Deformed	R	L
Swollen	R	L
Abrasion	R	L
Tympanic Membrane		
Unremarkable	R	L
Cone of Light absent/distorted	R	L
Color Abnormal	R	L
Perforation	R	L
Scarring	R	L
Possible Fluid	R	L
Retraction	R	L
Other	R	L

Cerumen	R	L
None/Lite	R	L
Moderate	R	L
Heavy	R	L
Impacted	R	L
Removed	R	L
Referred	R	L
Ear Canal		
Unremarkable		
Abrasion		
Dermatitis		
External Otitis		
Drainage		
Moisture		
Narrow/Collapse		
Color abnormal		
Surgery		

Office Notes:

Current Hearing Aids:

Recommendation: Brand_____Model_____

Receivers:_____

Other:_____

_____

Medical Referral Criteria

____Yes	____NO	Pain in the ear
____Yes	____ NO	Visible congenital or traumatic deformity of the ear
____Yes	____NO	Acute or chronic dizziness
____Yes	____NO	Visible evidence of cerumen accumulation or a foreign body in the ear canal
____Yes	____NO	Audiometric air-bone gap equal to or greater than 15dB (ANSI) at 500Hz,1000Hz,and 2000Hz
____Yes	____NO	History of active drainage from the ear within the previous 90 days
____Yes	____NO	Unilateral hearing loss of sudden or recent onset within the previous 90 days
____Yes	____NO	History of sudden or rapidly progressive hearing loss within the previous 90 days