Name_____ **Date**_____

Adult Case History Form

Chief Complaint:_____

Ear and Hearing History:

1. Do you have difficulty hearing? _____Right/Left/Both

   If yes, In what environments:

   ___Quiet ___Noise ___Phone ___TV

   ___Music ___Women's Voices ___Group settings/Noise

2. Have you been previously diagnosed with hearing loss? _____

3. How long have you noticed difficulty hearing? _____

4. Was the hearing loss sudden or gradual?_____

5. Do you currently wear a hearing aid or have you worn a hearing aid in the past?_____

   Brand and current age of hearing aids (if known)_____

6. Do you have ringing/tinnitus in the ears? _____ Right/Left/Both

   How long have you had ringing?_____

   Is it constant or intermittent?_____

7. Do you experience dizziness/vertigo/imbalance?_____

   If yes, briefly describe:_____

8. Have you been exposed to loud noise in recent or in the past?

   ___Farm Machinery ____Music ____Military

   ____Hunting/Shooting ___Factory ___Power Tools

9. Is there family history of hearing loss?_____

10. Have you been seen by an Ear, Nose, Throat Physician?_____

11. Do you have or have had any of these ear conditions in the past?
Please check all that apply:

___History of ruptured eardrum ___Ear drainage

___Pressure equalizing tubes ___Recurrent ear infections

___ Ear fullness ___Ear pain

___ Ear surgeries ___Middle Ear Disease(cholesteatoma, otosclerosis)

   If yes what ear surgeries?_____

(continued on back page)

General Medical History

Please check any of the following you have or have had in the past:

___Arthritis	___Asthma	___Bell's Palsy	___HIV
___ Heart Trouble	___Hepatitis	___ Diabetes	___ High Blood Pressure
___Malaria	___ Measles	___ Mumps	___Meningitis
___Parkinson's	___Scarlet Fever	___Sinus Infections	___Stroke/TIA
___Visual Problems	___Alzheimer's/ Dementia	___Immunocompromising disorder	
___Head Injury	___Neurological Symptoms	___Bleeding Disorders/bleed easily	

Do you have a latex/vinyl allergy? ____

Please list your prescription, over the counter medications, and herbal supplements:

_____

_____

_____

Reviewed by Aud/Date_____