BAYSIDE AUDIOLOGY & HEARING AIDS

Audiologic and Medical History

Patient Name: _____ Date of Birth: _____Age: _____

Chief Complaint: (Please CIRCLE all that apply)
Hearing Loss: Left Right Sudden Gradual
Tinnitus (Ringing/Other noises): Left Right Constant Intermittent

How long have you noticed this difficulty? _____ Date of Last Hearing Test: _____

Do you wear or have you worn hearing aids? _____

Do you have any pain or discomfort from your ears? Left Right Both No

Do you have drainage from your ears? Left Right Both No

Do you have any difficulties with balance or Vertigo? Yes No Please describe: _____

Have you experienced extreme sensitivity to sound? Yes No Please describe: _____

Have you had any ear surgeries? Left Right No Date: _____

Have you had any recent colds? Yes No If so, when? _____

Do you have sinus/allergy/hay fever problems? Yes No Please describe: _____

Is there a family history of hearing loss? Yes No If yes, who? _____

Do you have any history of noise exposure? Yes No If yes, when and to what? _____

Do you have a family history of Alzheimer's or Dementia? Yes No Please describe: _____

Are you noticing any changes in your cognition or increased fatigue? Yes No Explain: _____

Do you have (currently or in the past) any of the following:

___Heart problems (cardiac)
___Pacemaker
___Depression
___High cholesterol
___Diabetes / Hypoglycemia
___High Blood Pressure
___COPD
___Vascular Problems
___Stroke
___Memory problems
___Endocrine or Hormonal Problems
___Blood Disorder
___Arthritis
___Cancer Type: _____
___Chemotherapy
___Radiation
___Thyroid disorder Hypo / Hyper
___Head injuries
___Any disorder of the outer, middle, or inner ear
___Otosclerosis
___Meniere's
___Neurologic issues
___HIV/Syphilis
___Kidney Disease
___Meningitis

****Please provide a copy of your medication list.**

Have you used a tobacco product (cigarette/cigar/smokeless tobacco) one or more times in the past 24 months? Yes/ No
-If yes, how often have you used a tobacco product in the past 24 months? _____

How did you hear about us? _____