



Fellow, American Academy of Audiology
Board Certified in Audiology

Patient History

Patient Name: _____ Date of Birth: ____/____/____ Age: ____

Referring Doctor: _____ Primary Care Physician: _____

Would you like a report sent to your Primary Care Physician? ____ yes ____ no

What is your reason for today's visit? _____

Medical/ Audiologic History:

Do you have a hearing impairment? ____ none ____ mild ____ moderate ____ severe ____ deaf

Onset of hearing loss: ____ gradual ____ sudden ____ rapidly progressive

Do you have difficulty understanding conversation? ____ yes ____ no

Are you able to localize sound? ____ yes ____ no

History of noise exposure: ____ shooting, ____ industry, ____ farm machinery, ____ military,
____ flying, ____ power tools, ____ other please explain _____

Present medications: _____

Recent hospitalizations/ surgeries: _____

History of childhood disease(s): _____

History of ear disease: _____

Family history of hearing loss: _____

History of trauma to the head: _____

Developmental Difficulties: (please check if it applies to the patient)

__ Motor skills (crawling, walking, coordination), __ Ear and/or mouth abnormalities, __ Speech delay or disorder, __ Language delay or disorder, __ Lack of or questionable response to sounds

Do you have ____ dizziness, __ vertigo, __ a loss of balance and/ or ____ nausea or vomiting?

If you checked that you have one or all of the above please describe when it began, the duration, and how often it occurs. _____



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Have you had an ear infection within the past 90 days? ____ yes ____ no

Have you had drainage from your ears within the past 90 days? ____ yes ____ no

Do you have any tinnitus? (ear noise such as ringing, buzzing, hissing) ____ yes ____ no

Which ear? Since when? _____

How frequent? _____ What is the duration? _____

Have you ever worn a hearing aid? ____ no ____ yes

If yes, indicate type, make and year _____

Systems Review (indicate any medical problems related to each of the following categories):

EARS: __no problems __decreased hearing __fluid __imbalance/dizziness __infections __wax build-up
__other

NOSE: __no problems __allergy __blocked breathing __infections/Sinusitis __nosebleeds __other

MOUTH: __no problems __mouth breathing __tonsil & adenoid enlargement __tonsillitis __other

THROAT: __no problems __difficulty swallowing __hoarseness __other

NECK: __no problems __enlarged/tender glands __other

EYES: __no problems __blurred or double vision __cataracts __glaucoma __other

HEART: __no problems __heart attack/heart surgery __high blood pressure __other

LUNGS: __no problems __asthma/wheezing __emphysema __tuberculosis __other

ENDOCRINE/HORMONES: __no problems __diabetes __other

MUSCLES & JOINTS: __no problems __arthritis __other

SKIN: __no problems __other

NEUROLOGIC: __no problems __developmental delay __numbness/weakness __seizures __other

BLOOD & LYMPH SYSTEM: __no problems __anemia __bleeding disorder __hepatitis __high cholesterol
__immune disorder/HIV __leukemia __other