

Adult Case History Form

Today's date: _____

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

1. Chief complaint:

- Hearing loss (right ear left ear) Tinnitus/ringing Dizziness
 Difficulty hearing (in quiet in noise) Telephone (right ear left ear)

2. How long have you noticed this difficulty? _____

3. Is this problem due to a work-related injury / exposure? Yes No

4. Do you feel your hearing is changing? Yes No (gradual sudden)

5. Have you ever been exposed to loud noise, either recently or in the past? Yes No

If so, please mark all that apply:

- Farm machinery Music Hunting/Shooting Factory noise
 Power tools Military Jet Engines Other: _____

6. Have you seen an Ear, Nose & Throat Physician? Yes No

If so, whom did you see? _____ When? _____

7. Have you ever had surgery that may have affected your hearing? Yes No

8. Is there a history of hearing loss in your family? Yes No Who? _____

9. Have you ever had an ear infection? Yes No If yes, as a child as an adult

10. Have you, in the past 10 years, experienced chronic or acute dizziness, lightheadedness, or vertigo?

Yes No Please describe: _____

11. Do you take prescription medications on a regular basis? Please list:

Name of Medication	Dosage	Frequency	Route (oral, IV, injection, other)	Reason Taken

12. Please check any of the following that you currently have, or have had in the past:

- Arthritis Heart trouble Measles Parkinson's
 Asthma Hepatitis Meningitis Scarlet fever
 Bell's Palsy High blood pressure Mumps Sinusitis
 Diabetes HIV Neurological symptoms Stroke / TIA
 Head injury Malaria Visual trouble- Loss / Sight

13. Please rank the following in order of importance (1 – 4) if a hearing aid is recommended for you:

_____ Improved hearing in quiet _____ Improved hearing in noise
_____ Cosmetic appearance _____ Expense

14. If you are currently using a hearing aid, or have in the past, please answer the following:

Which ear is / was aided? Right Left
How long have you used a hearing aid? _____
What would improve your current hearing aid? _____