**AUDIOLOGY CASE HISTORY FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenting Problem**

1. What is your primary complaint about your ears or hearing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What do you think caused your hearing problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you have a hearing loss, how long have you noticed this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Which is your worse ear (if they are different): Left \_\_\_\_\_ Right \_\_\_\_\_
5. Do you have difficulty understanding:

TV: Yes\_\_\_\_\_ No\_\_\_\_\_ Telephone: Yes\_\_\_\_\_ No\_\_\_\_\_ In groups: Yes \_\_\_\_\_No\_\_\_\_\_

1. How important is it for you to improve how you hear, understand, or communicate with others RIGHT NOW (mark on the line)

10

(Extremely important)

0

(Not at all important)

**History**

1. Have you had your hearing tested before? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when and where?:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Any drainage from the ear within the past 90 days? Yes\_\_\_\_\_ No\_\_\_\_\_

3. Have you experienced any dizziness, balance problems, or falls? Yes\_\_\_\_\_ No\_\_\_\_\_

4. Have you had any pain/discomfort in your ears within the past 90 days: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, rate your pain on a scale of 0 (no pain) to 10 (worst pain possible) \_\_\_\_\_\_\_\_\_\_\_

5. Have you ever lost hearing in one ear *suddenly*? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Do you have any noises or ringing in your ears? Yes\_\_\_\_\_ No\_\_\_\_\_ left/right/both

If present, is it: Constant \_\_\_\_\_ Intermittent \_\_\_\_\_ When did you first notice it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you received any medical or surgical treatment for hearing loss? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Do you have trouble with arthritis, stiffness, numbness in your fingers? Yes\_\_\_\_\_ No\_\_\_\_\_

**\*\*\*TURN OVER TO BACK PAGE\*\*\***

1. Have you ever been exposed to loud noise? Military Occupation/Job Recreational

If yes, describe the type of noise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you use ear plugs/muffs? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Is there a history of hearing loss in your immediate family? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical problems (check all that apply):

Infectious disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart problems \_\_\_\_\_ Head injury \_\_\_\_\_

High blood pressure \_\_\_\_\_ Headache \_\_\_\_\_ Kidney failure \_\_\_\_\_

Pacemaker/Defibrillator \_\_\_\_\_

Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever worn a hearing aid(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how would you rate your experience with your hearing aid(s) on a scale of 0 (terrible) to 10 (great)? \_\_\_\_\_

1. How confident are you in your own ability to use and take care of hearing aids if they are recommended? (mark on the line)

10

(Extremely confident)

0

(Not at all confident)

1. In what situations would you most like hearing aids to help you (if recommended)?:

Conversations with family or friends \_\_\_\_\_ TV \_\_\_\_\_ Telephone \_\_\_\_\_ In the car \_\_\_\_\_

Places of worship \_\_\_\_\_ Music \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select all that apply:

\_\_\_\_\_ I am not ready for hearing aids at this time.

\_\_\_\_\_ I have been thinking that I might need hearing aids.

\_\_\_\_\_ I have started to seek information about hearing aids.

\_\_\_\_\_ I am ready to wear hearing aids if they are recommended.

\_\_\_\_\_ I am comfortable with the idea of wearing hearing aids.

\_\_\_\_\_ I currently wear hearing aids.

Comments or questions for the audiologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_