

General Information and Hearing History:

Do you have any allergies? Yes No
If yes, what are you allergic to? _____

Reason for this visit: _____

When did you first notice a decline in your hearing? _____

Was the onset sudden or gradual? _____

In which ear is your hearing poorest? Right Left About the same

Have you seen a physician for your hearing loss? Yes No

Have you ever been exposed to loud noises at work or in your hobbies (i.e. guns, music)? Yes No

If yes, please explain _____

Have you ever had ear infections? Yes No

Do you ever feel dizzy or unsteady? Yes No

Do you have ringing in the ears? Yes No

Have you ever had surgery on your head, neck or ears? Yes No

If a hearing loss is found, are you ready for help? Yes No Not sure

Family History:

Does anyone in your family have a hearing loss? Yes No
If yes, who? _____ What age was it identified? _____

Hearing Aid History:

Have you ever worn a hearing aid? Yes No
If yes, make and model? _____

When did you start wearing a hearing aid? _____

When did you purchase your current hearing aid? _____

Is the current hearing aid in satisfactory condition? _____