



## Medical & Hearing History

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

**Have you had or do you currently have any of the following?**

- |                                           |                                     |                                      |
|-------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Heart Disease | <input type="radio"/> Pacemaker      |
| <input type="radio"/> Stroke              | <input type="radio"/> Diabetes      | <input type="radio"/> Kidney Disease |
| <input type="radio"/> Cancer              | <input type="radio"/> Chemotherapy  | <input type="radio"/> Dementia       |
| <input type="radio"/> Alzheimer's         | <input type="radio"/> Meningitis    | <input type="radio"/> Measles        |
| <input type="radio"/> Mumps               |                                     |                                      |

**Yes    No**

- Do you have a history of ear surgery? If yes, please describe \_\_\_\_\_
- Hearing loss in only one ear (asymmetric hearing)?
- Do you have pain in your ears?
- Have you seen a doctor for wax removal?
- Have you had any sudden or rapid hearing loss in the past 90 days?
- Have you had any drainage from either ear in the past 90 days?
- Do you have sudden or long-term dizziness?
- Does anyone in your family have hearing loss? If yes who \_\_\_\_\_
- Have you ever been exposed to loud noises? If yes, please describe \_\_\_\_\_
- Have you ever had your hearing tested?
- Do you have noises or ringing (tinnitus) in your ears?     Left Ear     Right Ear     Both Ears

**Which is your better ear?**

- Left     Right     Both ears are the same

**In what situation does your hearing give you the most trouble?**

\_\_\_\_\_

**Have you ever seen an ENT (Ear Nose & Throat Dr.)? If yes, list results, ENT name & city**

\_\_\_\_\_

**If you have ringing in your ears, which options best describe your tinnitus? (select all that apply)**

- High Pitched     Low Pitched     Crickets     Pulsing     Constant     Occasional

**If you have ringing in your ears, how long have you been experiencing tinnitus? \_\_\_\_\_**

**List all medications you are currently taking (or attach a list.) Use the back of this form if necessary**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_