



Audiology Case History

Patient Name: _____

Date of Birth: _____

Reason for Hearing Test: _____

Do you experience hearing loss?

- Yes No Uncertain

Hearing loss in the:

- Right ear Left ear Both ears

Onset has been:

- Progressive Sudden Fluctuating

How long have you had hearing loss?

___ Years ___ Months ___ Days

Do you experience tinnitus (ringing in ears)?

- Yes No

Tinnitus (if yes, please select):

- Right ear Left ear Both ears

Onset has been:

- Progressive Sudden

Tinnitus has been:

- Constant Intermittent

Tinnitus is described as:

- Ring Buzz

Other: _____

How long have you had tinnitus?

___ Years ___ Months ___ Days

Noise exposure in your lifetime (check all that apply):

- Military Musician Race Cars
 Concerts Firearms Construction
 Power Tools Heavy Equipt.

Other: _____

Date of most recent hearing test: _____

Otologic History:

- Ear Surgery Wax build-up
 Dizziness Ear pain/drainage
 Ear Infections
 Family history of Hearing Loss

Situations in which you have difficulty hearing:

- In the car Restaurants
 Meetings On the phone
 Watching TV Place of worship
 One-on-one conversations
Other: _____

Does your hearing loss cause:

- you to be embarrassed
 arguments with your family
 you to become frustrated
 you to withdraw from social engagements
 you to feel handicapped by hearing loss
Other: _____

Have you ever worn hearing aids before?

- Yes No

If yes, which ears?

- Right Left Both

What style was/were your hearing aid(s)?

- Behind-the-ear In-the-ear

How would you rate your experience?

- Positive Satisfactory Poor

If hearing loss is discovered, are you ready for improved communication?

- Yes No

