



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:

Millitary 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 ear Left ear Both ears

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