

# Hearing Health Assessment

## New Patients

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### General History

When was your last hearing exam? \_\_\_\_\_ By whom? \_\_\_\_\_

What were the recommendations? \_\_\_\_\_

How long ago did you notice a decline in your hearing?

- Within past 90 days  
  1–3 years  
  4–6 years  
  7–10 years  
  10+ years

Have you ever used assistive listening devices?  Yes  No

Do you suffer from acute or chronic dizziness?  Yes  No

Has anyone in your family suffered hearing loss?  Yes  No    If yes, who? \_\_\_\_\_

### Medical History

- Diabetes                       Radiation therapy to local area                       Compromised immune system  
 Cognitive ability               Chemotherapy within 6 months                       TMJ

Allergies to any medications, plastics, etc.? \_\_\_\_\_

Current medications (i.e. blood thinners) \_\_\_\_\_

Have you ever had ear surgery?  Yes  No    If Yes, which ear?  Right  Left

Type \_\_\_\_\_

Do you have regular MRIs?  Yes  No

Please list all major surgeries and illnesses (*past 10 years*) \_\_\_\_\_

		Right Ear	Left Ear
<b>EXAMINATION</b>	<b>Patient Experience</b>	<input type="radio"/> Poor hearing <input type="radio"/> Telephone <input type="radio"/> Ringing <input type="radio"/> Pain/discomfort <input type="radio"/> Drainage (past 90 days) <input type="radio"/> Excessive noise exposure	<input type="radio"/> Poor hearing <input type="radio"/> Telephone <input type="radio"/> Ringing <input type="radio"/> Pain/discomfort <input type="radio"/> Drainage (past 90 days) <input type="radio"/> Excessive noise exposure
	<b>Audiometric Range</b>	<input type="radio"/> Within range <input type="radio"/> Out of range	<input type="radio"/> Within range <input type="radio"/> Out of range
	<b>Middle Ear &amp; Outer Ear</b>	<input type="radio"/> TM perforation <input type="radio"/> PE tube <input type="radio"/> Osteoma <input type="radio"/> Cholesteatoma <input type="radio"/> Malformation <input type="radio"/> Exostosis <input type="radio"/> Cerumen buildup <input type="radio"/> Keratosis obturans <input type="radio"/> Chronic or acute drainage	<input type="radio"/> TM perforation <input type="radio"/> PE tube <input type="radio"/> Osteoma <input type="radio"/> Cholesteatoma <input type="radio"/> Malformation <input type="radio"/> Exostosis <input type="radio"/> Cerumen buildup <input type="radio"/> Keratosis obturans <input type="radio"/> Chronic or acute drainage
	<b>Skin Condition</b>	<input type="radio"/> Contact dermatitis <input type="radio"/> Chronic external otitis <input type="radio"/> Thin, dry skin, risk of trauma	<input type="radio"/> Contact dermatitis <input type="radio"/> Chronic external otitis <input type="radio"/> Thin, dry skin, risk of trauma
	<b>Ear Geometry</b>	<input type="radio"/> Too narrow <input type="radio"/> Vertical step <input type="radio"/> Ant/post bulge <input type="radio"/> V-shaped	<input type="radio"/> Too narrow <input type="radio"/> Vertical step <input type="radio"/> Ant/post bulge <input type="radio"/> V-shaped

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### Does a hearing problem

	Always	Sometimes	Never
Make it difficult for you to converse on the telephone?	A	S	N
Cause others to complain that you turn up the television or radio too loud?	A	S	N
Cause you difficulty following conversation in a restaurant?	A	S	N
Limit or hamper your personal or social life?	A	S	N
Cause you to have to ask people to repeat themselves?	A	S	N
Cause you to have difficulty hearing when you are in the presence of background noise?	A	S	N
Cause you to have difficulty hearing women's or children's voices?	A	S	N
Cause you to hear people speak, but fail to understand what they are saying?	A	S	N
Cause you to feel as though others mumble?	A	S	N
Cause you to feel stressed or tired when listening for long periods of time?	A	S	N

### Please provide the top three listening situations where you would like to hear better

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Please select your current lifestyle, and, if different, please identify your desired lifestyle

#### Active Lifestyle (Frequent Background Noise)

- Current     Desired

#### Casual Lifestyle (Occasional Background Noise)

- Current     Desired

#### Quiet Lifestyle (Limited Background Noise)

- Current     Desired

#### Very Quiet Lifestyle (Rare Background Noise)

- Current     Desired

Notes \_\_\_\_\_

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