SAN DIEGO Hearing Center

Hearing Health Assessment

TO BE COMPLETED BY PATIENT

Patient Name _____ Sex ☐ M ☐ F DOB_____ /_____ /_____
First Last MI MM DD YYYY

What would you like to accomplish at today's appointment? _____

_____

_____

When was your last hearing exam? _____ By whom? _____

How long ago did you notice a decline in your hearing? ☐ Within 1 Year ☐ 1–5 Years ☐ 6–10 Years ☐ 10+ Years

Have you ever utilized hearing devices? ☐ Yes ☐ No If yes, describe your satisfaction _____

_____

_____

Which ear do you most often use on the telephone? ☐ R ☐ L ☐ Both ☐ Neither

Have you experienced a sudden or progressive hearing loss in the last 90 days? ☐ R ☐ L ☐ Both ☐ Neither

Have you ever had ear surgery? ☐ Yes ☐ No If yes, when? _____ Which ear? ☐ R ☐ L

Name of procedure: _____

Do you suffer from pain or discomfort in your ears? ☐ Yes ☐ No

Do your ears produce a significant amount of wax? ☐ Yes ☐ No

Are you experiencing any pressure in your ears? ☐ Yes ☐ No

Do you suffer from tinnitus (ringing in the ears)? ☐ Yes ☐ No

Do you have a family history of hearing loss? ☐ Yes ☐ No

Do you suffer from dizziness? ☐ Yes ☐ No

Have you ever had any trauma to the head? ☐ Yes ☐ No

Have you had chronic ear infections? ☐ Yes ☐ No

Are you currently using any medications? ☐ Yes ☐ No
If yes, please fill out the Medications List form.

Do you have a history of any of the following? ☐ Measles ☐ Mumps ☐ Diabetes ☐ Pneumonia
☐ Frequent Headaches ☐ High Fevers ☐ Meningitis ☐ Other (describe) _____

Have you been exposed to excessive noise levels without hearing protection in any of the following situations?
☐ Workplace ☐ Military ☐ Firearms ☐ Music ☐ Motorcycles ☐ Lawnmower ☐ Other (describe) _____

Patient dexterity ☐ Good ☐ Fair ☐ Poor

Patient vision ☐ Good ☐ Fair ☐ Poor

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THIS PORTION TO BE COMPLETED BY HEARING CARE PROFESSIONAL

☐ Quiet Conversation
☐ Door Bell
☐ Phone Ringing
☐ Alarms
(Clock, Security, Timers, etc.)

Total _____

☐ Home Telephone
☐ Driving
☐ Religious Services
☐ Adult Conversations
☐ Small Family Gatherings
☐ Quiet Restaurants

Total x2 _____

☐ Cell Phones
☐ Shopping
☐ Movie Theaters
☐ Health Clubs
☐ Small Group Meetings
☐ Conversations with Children
☐ Television
☐ Open/Reverberant Home
☐ iPod®/Personal Music Players

Total x3 _____

☐ Outdoor Activities
☐ Entertainment Venues
(Casinos, Exhibit Halls, etc.)
☐ Busy Restaurants
☐ Frequent Social Gatherings
☐ Smart Phones
☐ Conference Calls
☐ Multimedia Connectivity
(Home Theater, Computer, Phone, etc.)
☐ Travel & Airports
☐ Concerts & Arts
☐ Group Presentations

Total x4 _____ Grand Total _____

Desired lifestyle? ☐ Private ☐ Quiet ☐ Active ☐ Dynamic **Does the companion agree?** ☐ Yes ☐ No

What are the top 3 environments you would like to hear better in?	**SCALE OF 1-4**	**PRE**	**POST**
1.			
2.			
3.			

NOTES: