ADULT CASE HISTORY

(Please Print)

Patient Name _____ Age _____ Today's Date _____

Chief complaint

❍ Hearing Loss (❍ Right ear ❍ Left ear) ❍ Tinnitus/Ringing ❍ Dizziness

❍ Difficulty hearing (❍ in Quiet ❍ in Noise) ❍ Telephone (❍ Right ear ❍ Left ear)

How long have you noticed this difficulty?

Is this problem due to a work-related injury/exposure? ❍ Yes ❍ No

If so: Date of Injury _____ Explain _____

Do you feel your hearing is changing? ❍ Yes ❍ No (❍ Gradual ❍ Sudden)

Have you ever been exposed to loud noise, either recently or in the past? ❍ Yes ❍ No

If so, *(mark those that apply)*

❍ Farm Machinery ❍ Music ❍ Hunting/Shooting ❍ Factory Noise

❍ Power Tools ❍ Military ❍ Jet Engines ❍ Other _____

Have you seen an Ear, Nose and Throat Physician? ❍ Yes ❍ No

If so, who did you see? _____ When? _____

Have you ever had surgery that may have affected your hearing? ❍ Yes ❍ No

Is there a history of hearing loss in your family? ❍ Yes ❍ No If so, who? _____

Have you ever had an ear infection? ❍ Yes ❍ No (If yes, ❍ as a child ❍ as an adult)

Have you, in the past 10 years, experienced chronic or acute dizziness, light-headedness, or vertigo? ❍ Yes ❍ No

If yes, please describe _____

Do you take any prescription medications on a regular basis? Please list: ***REQUIRED FOR MEDICARE PATIENTS***

Medication _____ For _____ Dose _____

Medication _____ For _____ Dose _____

Medication _____ For _____ Dose _____

***MEDICARE PATIENTS ONLY**: Are you currently a smoker?* _____

Please check any of the following that you currently have or have had in the past:

❍ Arthritis ❍ Heart Trouble ❍ Measles ❍ Parkinson's

❍ Asthma ❍ Hepatitis ❍ Meningitis ❍ Scarlet Fever

❍ Bell's Palsy ❍ High Blood Pressure ❍ Mumps ❍ Sinusitis

❍ Diabetes ❍ HIV ❍ Neurological Symptoms ❍ Stroke/TIA

❍ Head Injury ❍ Malaria ❍ Visual Trouble-Loss/Sight

Please rank the following in order of importance (1 most important - 4 least important), if a hearing aid is recommended for you:

_____ Improved hearing in quiet _____ Improved hearing in noise

_____ Cosmetic appearance _____ Expense

If you are currently using a hearing aid, or have in the past, please answer the following:

Which ear is/was aided? ❍ Right ❍ Left How long have you used a hearing aid? _____

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Tri-City Audiology

Mesa
6553 East Baywood Avenue, Ste 104
(480) 981-3384

Chandler
595 N. Dobson Rd, Suite D-79
(480) 899-0076