Hearing Health Assessment - Hearing Aid Users

Arizona Hearing SPECIALISTS

Patient Name _____ Date _____

Medical History

Reason for today's appointment _____

Allergies to any medication, plastics etc.? _____

Current Medications *(Please Complete the attached Prescription Medication List)*

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

Type _____

Please list all major surgeries *(past 10 years)* _____

Please list any serious illnesses *(past 10 years)* _____

Are you diabetic? ☐ Yes ☐ No

Are you a smoker? ☐ Yes ☐ No Exposed to secondhand smoke? ☐ Yes ☐ No

History of cardiovascular disease? ☐ Yes ☐ No

Hearing History

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

What were the recommendations? _____

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

☐ Recently ☐ 1-3 years ☐ 4-6 years ☐ 7-10 years ☐ More than 10 years

Have you ever used assistive listening devices? ☐ Yes ☐ No

In which ear is your hearing the poorest? ☐ Right ☐ Left ☐ Same

Which ear do you use on the telephone? ☐ Right ☐ Left ☐ Either

Have you experienced a sudden or progressive hearing loss within the last 90 days? ☐ Right ☐ Left ☐ Both ☐ Neither

Have you experienced any drainage from your ear(s) within the last 90 days? ☐ Right ☐ Left ☐ Both ☐ Neither

Do you suffer from pain or discomfort in your ear(s)? ☐ Right ☐ Left ☐ Both ☐ Neither

Do you suffer from acute or chronic dizziness? ☐ Yes ☐ No

Is there visible congenital or traumatic deformity of the ear? ☐ Yes ☐ No

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

Describe _____

Any history of ear infections? ☐ Yes ☐ No

Are there any other members of your family who have a hearing problem? ☐ Yes ☐ No

Are you now or have you ever worked in a noisy place? ☐ Yes ☐ No

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Current Hearing Technology

Brand and model of your hearing technology

Style of technology ☐ Behind the Ear ☐ In the Ear

Do you use technology in both ears? ☐ Yes ☐ No

How many years ago did you purchase your technology? ☐ 1-3 ☐ 3-5 ☐ 5+

My current hearing technology performance is satisfactory

	Always	Sometimes	Never		Always	Sometimes	Never
While in background noise	1	2	3	In a restaurant	1	2	3
At religious service	1	2	3	While listening to music	1	2	3
At the movies	1	2	3	While watching TV	1	2	3
In the car	1	2	3	In group conversations	1	2	3
On the phone	1	2	3	In conversations with spouse	1	2	3
In a conference room	1	2	3	In conversations with children	1	2	3

Notes