



# Hearing Health Assessment - New Patients

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

### Northwest Tucson

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Tucson, AZ 85741  
520.742.2845

### Ventana/Foothills

6969 E. Sunrise Dr., #200  
Tucson, AZ 85750  
520.742.2845

### Rita Ranch

7355 S. Houghton Rd., #105  
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### Green Valley

512 E. Whitehouse Canyon Rd., #196  
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