



## NEW PATIENT HEARING HISTORY ASSESSMENT

### History of Hearing Impairment

Is this your first experience dealing with your hearing loss? \_\_\_\_\_

When did you first notice that you were having difficulty with your hearing? \_\_\_\_\_

In which ear do you have greater difficulty hearing?..... \_\_\_\_\_ Both \_\_\_\_\_ Left \_\_\_\_\_ Right

Will this be your first time you've been tested for hearing aids?..... \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes**, why have you decided to be tested now? \_\_\_\_\_

**If no**, who performed your last hearing evaluation? \_\_\_\_\_ When? \_\_\_\_\_

What was recommended as a result of this evaluation? \_\_\_\_\_

Did you follow that recommendation? \_\_\_\_\_ Yes \_\_\_\_\_ No **If no**, why not? \_\_\_\_\_

Why have you decided to have your hearing tested again? \_\_\_\_\_

Have you had a sudden hearing loss over the last 90 days? \_\_\_\_\_

Have you had any medial issues or surgery associated with your ears or hearing? \_\_\_\_\_

**If yes**, please describe and provide dates: \_\_\_\_\_

Are you diabetic? \_\_\_\_\_

Do you use blood thinners? \_\_\_\_\_

Have you been treated for cancer? \_\_\_\_\_

Are you having any pain or drainage in your ears? \_\_\_\_\_

Are you having any ringing in your ears? \_\_\_\_\_

Are you having any dizziness/vertigo or balance issues? \_\_\_\_\_

Has any member of your family had a hearing loss? \_\_\_\_\_

Do you have a history of loud noise exposure? \_\_\_\_\_

Have you ever worn hearing aids before? \_\_\_\_\_

**If so**, how was your experience? \_\_\_\_\_

If hearing loss is discovered, are you ready for help?..... \_\_\_\_\_ Yes \_\_\_\_\_ No