ASHLAND AUDIOLOGY
PROFESSIONAL HEARING CARE
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Comprehensive Case History

Patient's Name: _____ **Today's Date**: _____

Date of Birth: _____ **Gender**: Male Female **Marital Status**: Single Married Divorced Widowed Domestic Partner

Employment Status: Employed Unemployed Retired Student **Are you a Veteran?** Yes No

Current Employer: _____ **Position**: _____

If retired, previous Employer _____ **Position:** _____

Highest Level of Education: _____ **E-mail Address:** _____

Family Doctor: _____ **Clinic:** _____ **Pharmacy:** _____

How did you hear about us? _____

Why are you here today? _____

Have you or someone in your home tested positive for COVID-19? No Yes **If yes, when?** _____

Please check all medical conditions that apply

___ Allergies: (Food, Medications, etc.)_____

___ Developmental Disorders/Delays Please explain: _____

___ Ear Deformity Right Ear Left Ear Both Ears

___ Ear Drainage Right Ear Left Ear Both Ears

___ Ear Pain Right Ear Left Ear Both Ears

___ Ear Noises/Ringing in Ears Right Ear Left Ear Both Ears How Often? _____

___ Family History of Hearing Loss Who: _____ Age: _____

___ History of Ear Infections Right Ear Left Ear Both Ears When? _____

___ History of Wax Build-Up

___ History of Noise Exposure Describe:_____

___ Previous Ear Surgery Right Ear Left Ear Both Ears When? _____

___ Unsteadiness or Dizziness Accompanied by: Vomiting Nausea Ear Noises

___Other Describe: _____

-OVER-

Audiologic History

Do you experience hearing loss? Yes No **If yes, which ear**? Right Ear Left Ear Both Ears

If you experience hearing loss, which best describes it? Gradual Sudden

When did you first notice your hearing loss? _____

What do you think is the cause of your hearing loss? _____

Have you ever had a hearing test? Yes No **If yes, when**? _____ **Where?** _____

Which ear do you use when you talk on the phone? Right Ear Left Ear Both Ears

Have you ever worn or tried a hearing aid? Yes No Right Ear Left Ear Both Ears

What type and/or style of hearing aid: _____

Please describe your experience: _____

If the result of our evaluation today indicates hearing aids could help you, are you interested in discussing them? Yes No Maybe

Have you experienced any of the following medical conditions? Check all that apply.

___ AIDS/HIV	___ Headaches	___ Measles
___ Arthritis	___ Head Injury	___ Meningitis
___ Blood Disorders	___ Heart Problems	___ Mumps
___ Cancer	___ High Blood Pressure	___ Scarlet Fever
___ Chicken Pox	___ High Fevers	___ Stroke
___ Diabetes	___ Influenza	___ Tonsillitis
___ Genetic Disorders	___ Kidney Problems	

Head, Neck or Ear Surgeries: _____

_____

Audiologist's Notes: