

Pre-ENT Case History

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

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

E-mail Address: _____

When is your ENT appointment? _____

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

Please check the reason(s) you are here today

- | | | | | |
|--------------------------------|--|----------|-----------|---|
| ___ 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? _____ |
| ___ Ear Infections | Right Ear | Left Ear | Both Ears | When? _____ |
| ___ Ear Wax Build-Up | | | | |
| ___ Hearing Loss | Right Ear | Left Ear | Both Ears | <u>Which best describes it?</u> Gradual Sudden |
| ___ Previous Ear Surgery | Right Ear | Left Ear | Both Ears | When? _____ |
| ___ Unsteadiness or Dizziness | Accompanied by: Vomiting Nausea Ear Noises | | | |
| ___ Other | Describe: _____ | | | |

Audiologic History

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

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

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

- | | | |
|------------------------|-------------------------|---------------------|
| ___ Autoimmune Disease | ___ Headaches | ___ Kidney Problems |
| ___ Cancer | ___ Head injury | ___ Measles |
| ___ Diabetes | ___ High Blood Pressure | ___ Stroke |

Audiologist's Notes: