ASHLAND AUDIOLOGY
PROFESSIONAL HEARING CARE
Phone: 715-682-9311
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www.ashlandaudiology.com - 1901 Beaser Avenue, Ashland, WI 54806

Pre-ENT Case History

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

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

Primary Care Provider: _____ **E-mail Address:** _____

When is your ENT appointment? _____

Have you 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 ☐ **Which best describes it**? 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: