ASHLAND AUDIOLOGY
PROFESSIONAL HEARING CARE
Phone: 715-682-9311
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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 **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: