

ADULT HEARING HEALTH PROFILE

PATIENT NAME: _____ APPOINTMENT DATE: _____

What is the purpose of your visit? _____

Indicate any current medical conditions for which you are being treated: _____

Please list medications: _____

1. **Have you noticed a hearing loss?** No Yes, which Ear? Left Right Both
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
2. **Have you had any pain or discomfort in your ears?** No Yes, which Ear? Left Right Both
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
3. **Have you noticed any drainage from your ears?** No Yes, which Ear? Left Right Both
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
4. **Do you have any noises or ringing in your ears?** No Yes, which Ear? Left Right Both
If yes, Describe sound _____ Intermittent Constant Pulsatile
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
5. **Have you experienced any balance problems, dizziness, or falls?** No Yes
If yes, Dizziness Unsteadiness Vertigo
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
6. **Have you discussed the above conditions with your MD?** No Yes, which symptoms: _____
7. **Have you received any medical/surgical treatment for hearing or ears?** No Yes, describe: _____
If yes, 5 or more years More than 1 year Less than 1 year Less than 90 days
8. **Have you had your hearing tested before?** No Yes, when and where: _____
What were the results? _____
9. **Have hearing aids been recommended and/or are you now using hearing aids?** No Yes
If yes, what year did you begin wearing your current hearing aids? _____
If you did not follow the recommendations, why not? _____
10. **Describe your experience with current hearing aids:** Undecided Satisfied Unsatisfied
Why are undecided or Unsatisfied: _____
11. **Have you ever been exposed to loud noise?** No Yes, describe _____
12. **Is there a history of hearing loss in your immediate family?** No Yes

How important is it for you to improve how your hearing today?

Please place an X on the line.

Not at all important

Extremely Important

Patient Signature: _____