Hearing Health Assessment

NAME: ____
DOB: __________________

Pt ID(office use):____________________

REASON FOR VISIT: ____

☐ CHECK ALL CONDITIONS THAT APPLY:

☐ DEVELOPMENTAL DELAYS: ____

☐ DIZZINESS: ____

☐ EAR DEFORMITY: ____

☐ EAR DRAINAGE: ____

☐ EAR PAIN: ____

☐ FAMILY HISTORY OF HEARING LOSS: ______________________________________

☐ EAR INFECTIONS: ____

☐ HISTORY OF NOISE EXPOSURE: ____

☐ EAR SURGERIES:____

☐ TINNITUS/EAR NOISES (RINGING, BUZZING, HUMMING): ______________________

☐ HISTORY OF FALLING: ____

HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING CONDITIONS?
(CHECK ALL THAT APPLY)

☐ DIABETES ☐ DEMENTIA ☐ CANCER ☐ STROKE

☐ HEAD TRAUMA ☐ VISION PROBLEMS ☐ HIGH BLOOD PRESSURE

☐ HEAD/NECK PROBLEMS ☐ THYROID DISEASE ☐ TMJ DISORDER ☐ HEART DISEASE

☐ DEPRESSION ☐ ANXIETY ☐ ALLERGIES ☐ MENINGITIS ☐ TOBACCO USE

(Clinic Use Only) NOTES:

____

____

Provider: ________________________________

DATE:_________________________

AUDIOLOGIC HISTORY

DO YOU SUSPECT A HEARING LOSS?: ____

DATE/LOCATION OF LAST HEARING TEST: ____

WHICH EAR DO YOU HEAR BETTER OUT OF?: RIGHT LEFT SAME

WHICH EAR DO YOU USE ON THE TELEPHONE? RIGHT LEFT

HAVE YOU WORN HEARING AIDS IN THE PAST? YES NO Type? __________________

COMMUNICATION ASSESSMENT:

DOES A HEARING LOSS A=Always S=Sometimes N=Never

Cause you to feel embarrassed or uncomfortable meeting new people?	A	S	N
Cause you to feel frustrated when talking to family members?	A	S	N
Make it difficult for you to converse on the telephone?	A	S	N
Cause difficulty following conversations in a restaurant?	A	S	N
Cause you to ask people to repeat themselves?	A	S	N
Cause you to have difficulty hearing in background noise?	A	S	N
Cause you to feel as though others mumble?	A	S	N
Cause you to attend religious or social functions less than you would like?	A	S	N
Cause you to have arguments with family or friends?	A	S	N
Cause you to feel stressed or tired when listening for long periods of time?	A	S	N
Cause others to complain that you turn up the television or radio too loud?	A	S	N
Limit or hamper your social life?	A	S	N
Allow you to hear people speak but fail to understand what they say?	A	S	N

Please provide the top three listening situations where you would like to hear better

1. ____

2. ____

3. ____