

Patient Hearing Health Interview

Patient Name _____ Date _____

Companion Name _____

1. Who encouraged you to visit our clinic today? _____

2. What brings you in today? _____

3. What have you noticed about your hearing/communication ability? _____

4. How long have you noticed any difficulties? _____

5. What have others noticed about your hearing/communication ability? _____

6. Have you had your hearing tested before? If so, by whom? _____ Date: _____

7. Please check any of the following conditions that you have and add any comments you feel may help your audiologist understand and treat all of your hearing concerns.

Yes

No

Do you currently or ever worn hearing aids? _____

Pain/discomfort in ears _____

Noises in your ears _____

History of hearing loss in your family _____

Dizziness or balance problems _____

Excessive noise exposure _____

Surgery or medical problems with ears (drainage) _____

Sudden hearing loss in the past 90 days _____

8. What medications, if any, are you currently taking? _____

9. Do you have any other medical conditions that we should be aware of? _____

10. Who is your family physician? Doctor's name: _____

11. How did you hear about Sound Solutions? Advertisement Internet Doctor Referral

Friend/Family Member Other _____