



Confidential Patient History - Dated: 10/1/2024

Name: \_\_\_\_\_  Male  Female

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Married  Single  Widow(er) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Referral Source:  Doctor's Referral  Patient Referral  Friend/Family  Newspaper  Mail  TV
 Yellow pages  Walk-In  Other: \_\_\_\_\_

Communication Profile

- 1. Do you ever hear people speaking loud enough but cannot understand the words? . . . . .  Yes  No
2. Do you ever ask people to repeat? . . . . .  Yes  No
3. Do you ever find it difficult to understand conversation in background noise? . . . . .  Yes  No
4. Do you have trouble hearing on the telephone? . . . . .  Yes  No
5. Do others tell you that you speak too loudly? . . . . .  Yes  No
6. Do others complain that you turn the volume of the TV up too high? . . . . .  Yes  No
7. Do you ever piece together conversations, not hearing all the words? . . . . .  Yes  No
8. Do you ever answer questions wrong, because you misunderstood? . . .  Yes  No
9. In what situations do you have the most difficulty understanding conversations?

10. Do you ever hear ringing or buzzing in your ears? . . . . .  Yes  No

11. Have your ears been examined by a Doctor in the past 6 months? . . . . .  Yes  No

12. Have you ever had your hearing tested before? . . .  Yes  No When? \_\_\_\_\_

13. Have you ever had surgery on your ears? . . . . .  Yes  No

14. Is the hearing in both of your ears the same? . . . . .  Yes  No

15. Which ear has better hearing? . . . . .  Right  Left

16. If a hearing loss is discovered, are you ready for help? . . .  Yes  No

17. What do you think caused your hearing loss? \_\_\_\_\_

18. How did your hearing loss develop? . . . . .  Suddenly  Gradually

19. When did you first begin to notice your hearing loss? . . . . . \_\_\_\_\_ Years

20. Do you currently wear hearing aids?  Yes  No If yes: What type? \_\_\_\_\_

Left ear  Right Ear  Both

21. Describe any problems you have with your hearing aids?