Audiology Center Northwest

AUDIOLOGY ADULT CASE HISTORY

Medical History:
☐ Chronic Ear Infections ☐ Ear Surgeries ☐ Cancer
☐ Diabetes ☐ Heart Disease ☐ Head Injury
☐ Stroke ☐ High Blood Pressure

Other major medical conditions? _____

Any allergies or adverse reactions to medications? _____

Have you had any surgeries or hospitalizations? *(please list)* _____

_____

Do you have a pacemaker or other similar device? _____

Reason for testing today/primary concern? _____

When did you become aware of your symptoms? _____

What evaluations have you had for this problem in the past?
☐ Hearing test ☐ Ear, nose and throat (ENT) evaluation by physician
Other: _____

Do you have a hearing loss? ☐ Yes ☐ No ☐ Not Sure
If so, which ear? ☐ Right ☐ Left ☐ Both ☐ Not Sure

Issues: ☐ Background Noise ☐ Hearing Spouse ☐ Phone or TV ☐ Hearing Certain Tones
Other: _____

Does your hearing loss seem to fluctuate from day to day? ☐ Yes ☐ No

Did your hearing problem begin? ☐ Gradually ☐ Suddenly

Do you use hearing aids? ☐ Yes ☐ No ☐ I used to in the past

Approx. age of aids: _____ Manufacturer: _____ Style: _____

Purchased from: _____

Do you have tinnitus (ringing or other noises in the ears)? ☐ Yes ☐ No
If so, which ear? ☐ Right ☐ Left ☐ Both ☐ Not Sure

What does it sound like? _____

How frequent is the tinnitus? ☐ Constant ☐ Intermittent ☐ Occasional ☐ Rare

If not constant, how often: _____

919 NE 19th Ave., Suite 170N, Portland, OR 97232
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How long does it last? ☐ Seconds ☐ Minutes ☐ Hours ☐ Days ☐ Longer

How bothersome is the tinnitus?
☐ Extremely bothersome ☐ Occasionally bothersome ☐ Non-bothersome

How is the tinnitus affecting your daily life? _____

_____

_____

Do you feel pressure or fullness in your ears? ☐ Yes ☐ No

Do you have pain in the ears? ☐ Yes ☐ No

If yes, how often? _____

How long does it last? ☐ Seconds ☐ Minutes ☐ Hours ☐ Days ☐ Longer

How severe can the pain get? ☐ Mild ☐ Moderate ☐ Severe

Do you have problems with dizziness, vertigo or lightheadedness? ☐ Yes ☐ No
Description: _____

If yes, how often? _____

Does anything seem to cause your dizziness or balance problems? _____

_____

When it occurs how long does it last? ☐ Seconds ☐ Minutes ☐ Hours ☐ Days ☐ Longer

How severe can the dizziness get? ☐ Mild ☐ Moderate ☐ Severe

Do you have a history of noise exposure? ☐ Yes ☐ No

Was the noise exposure from any of these? (please describe briefly)

Military: _____

Jobs: _____

Hobbies: _____

Other: _____