



# Hearing & Audiology Services

## PATIENT CASE HISTORY

Please answer the following questions:

YES NO

- Any active drainage from the ear within the last 90 days?
- Any history of sudden or rapidly progressive hearing loss with in the last 90 days?
- Have you experienced any acute (recent) or chronic long term dizziness?
- Is there a sudden or recent onset of unilateral (one ear) hearing loss with the last 90 days?
- Which is your best ear? Right\_\_\_\_ Left\_\_\_\_ Both the same\_\_\_\_
- Have you experienced any pain or discomfort in the ear?
- Have you received any medical or surgical treatment for hearing loss?
- Have you seen a physician regarding your ears? If so, Who? \_\_\_\_\_
- Have you had any ear surgery? If so, When? \_\_\_\_\_
- Do you have allergies: If so, please list: \_\_\_\_\_

What medications are you taking for any medical conditions?

\_\_\_\_\_  
\_\_\_\_\_

- Do you take a blood thinner?
- Have you ever had a stroke or heart attack?
- Have you ever been exposed to excessive noise?
- Do you have any ringing, noises, or sounds in your ears?
- Do you have any family members with hearing loss?
- Have you ever worn hearing aids before? If so, When? \_\_\_\_\_
- May we have permission to send your results to your physician?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date