

HEARING HEALTH REPORT

CONFIDENTIAL PATIENT INFORMATION

3 Hearing & Balance

Have you recently experienced any of the following?

Tinnitus (Ringing, Buzzing or Whooshing Sounds)	Currently	In Last 90 Days	No
Pain in Your Ears	Currently	In Last 90 Days	No
Sudden or Rapid Hearing Loss	Currently	In Last 90 Days	No
Hearing Loss in one Ear	Currently	In Last 90 Days	No
Drainage from Either Ear	Currently	In Last 90 Days	No
Dizziness or Vertigo	Currently	In Last 90 Days	No
Lightheadedness or Motion Sickness	Currently	In Last 90 Days	No
Fallen or Lost Your Balance	Currently	In Last 90 Days	No
Migraines or Vision Disturbances	Currently	In Last 90 Days	No

Have you ever worked in, or been exposed to, excessive noise? Yes No If yes, where? _____

Which ear do you struggle with most? Right Left Same in Both Ears

Is there family history of hearing loss? Yes No If yes, what relation? _____

In what environment(s) does your hearing problem give you the most trouble: _____

On a scale of 1 to 10 (1 = Not Important, 10 = Very Important):

How important is it **to you** to solve your hearing problem? _____

How important is it **to your close family** that you solve your hearing problem? _____

How important is it **to your friends or colleagues** that you solve your hearing problem? _____

4 Hearing Loss Impact

1) Answer **No**, **Sometimes** or **Yes** for each question.

2) Do not skip a question if you avoid a situation because of a hearing problem.

3) If you use a hearing aid, please answer according to the way you hear with the aid.

No Sometimes Yes

Does a hearing problem cause you to feel embarrassed when you meet new people?

Does a hearing problem cause you to feel frustrated when talking to members of your family?

Do you have difficulty hearing/understanding co-workers, clients or customers?

Do you feel handicapped by a hearing problem?

Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?

Does a hearing problem cause you difficulty in the movies or in the theater?

Does a hearing problem cause you to have arguments with family members?

Does a hearing problem cause you difficulty when listening to TV or radio?

Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

FOR STAFF USE: Subtotal:
Total: _____

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5 Hearing Aid Experience

Which statement describes you best?

- I have a hearing aid and use it regularly in my: Right ear Left ear
I have a hearing aid, but don't use it, or use it only occasionally.
I have tried a hearing aid, but returned it.
I have never used a hearing aid.

6 Release & Authorization

- I give Hearing Doctors permission to release my test information and provide status updates to my primary care or referring physician.

Physician Name: _____ Phone Number: _____

- I allow Hearing Doctors to release all medical information to my insurance carrier(s). I agree to accept financial responsibility for all charges which are not covered by my insurance carrier(s) for services rendered by Hearing Doctors. This release is valid for life but may be revoked, in writing, at any time. Refusal to sign or revocation of this release will result in me being financially responsible for payment in full at the time of visit.

Signature of Patient or Guarantor:

_____ Phone Number: _____