



(Please Print)

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Chief complaint

- Hearing Loss Right ear Left ear Tinnitus/Ringing Dizziness
Difficulty hearing in Quiet in Noise Telephone Rightear Leftear

How long have you noticed this difficulty? \_\_\_\_\_

Is this problem due to a work-related injury/exposure? Yes No

If so: Date of Injury \_\_\_\_\_ Explain \_\_\_\_\_

Do you feel your hearing is changing? Yes No If yes, Gradual Sudden

Have you ever been exposed to loud noises, either recently, or in the past? Yes No

If so mark those that apply

- FarmMachinery Music Hunting/Shooting FactoryNoise
Power Tools Military JetEngines Other

Have you seen (or will be seeing) an Ear, Nose and Throat Physician? Yes No

If so, who? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever had surgery that may have affected your hearing? Yes No

Is there a history of hearing loss in your family? Yes No If so, who? \_\_\_\_\_

Have you ever had an ear infection? Yes No If yes, as a child as an adult

Do you have a history of temporomandibular joint dysfunction (TMJ disorder)? Yes No

In the past 10 years have you experienced chronic or acute dizziness, light-headedness, or vertigo? Yes No

If yes, please describe \_\_\_\_\_

Do you take any prescription medications? Please list (or attach): REQUIRED FOR MEDICARE PATIENTS

Medication \_\_\_\_\_ Form \_\_\_\_\_ Frequency \_\_\_\_\_ Dose \_\_\_\_\_

Medication \_\_\_\_\_ Form \_\_\_\_\_ Frequency \_\_\_\_\_ Dose \_\_\_\_\_

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Please check any of the following that you currently have or have had in the past:

- Arthritis Heart Trouble Measles Parkinson's
Asthma Hepatitis Meningitis ScarletFever
Bell's Palsy High Blood Pressure Mumps Sinusitis
Diabetes HIV Neurological Symptoms Stroke/TIA
Head Injury Malaria Visual Trouble Cancer

If you are currently using hearing aids, or have in the past, please answer the following:

Which ear is/was aided? Right Left How long have you used hearing aids? \_\_\_\_\_

MEDICARE PATIENTS ONLY: Have you been a smoker in the past 2 years? \_\_\_\_\_

AHB keeps PHI in secure electronic files. All PHI paperwork is kept in locked containers, then containers taken by an AAA NAID certified document destruction service and shredded on an industrial shredder.

leave blank for administrative use

