



PATIENT CASE HISTORY

Hearing Loss

Patient Name: _____ Date: _____

Reason for visit? _____

Referred by: _____ Primary Doctor : _____

Check any or all that apply:

- Hearing loss Ear drainage Ear pain Ear pressure or blockage
 Vertigo / Dizziness Tinnitus (ringing) Facial numbness / weakness

How long have the symptoms been present? _____

Which ear is more affected? Right Left No noticeable difference

Onset of symptoms? Gradual Sudden

Are the symptoms... Continuous Intermittent?

Any conditions or actions that aggravate the problem? Yes No

If yes, please describe _____

Medical history:

When was your last hearing examination: _____ By whom? _____

Previous ear surgery (i.e. PE Tubes)? Yes No If yes, which ear? Right Left Both

Prone to ear infections? Yes No

Previous dizziness? Yes No

Family history of hearing loss? Yes No

Exposure to loud or excessive noise? Yes No

Hearing Protection Yes No

Received radiation therapy or chemotherapy? Yes No

Associated medical conditions?

- Diabetes Kidney disease Thyroid disorders High blood pressure Heart disease TMJ
 Compromised immune system