Hear NY Audiology P.C.
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DOCTOR OF AUDIOLOGY
Hearing Aids & Aural Rehabilitation

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ADULT CASE HISTORY

Patient Name: _____ Age: _____ Date: _____

1. Main Concern:

- ◯ HEARING LOSS___ RIGHT EAR___ LEFT EAR
- ◯ DIFFICULTY HEARING___ IN QUIET___ IN NOISE
- ◯ TINNITUS/RINGING
- ◯ TELEPHONE___ RIGHT EAR___ LEFT EAR
- ◯ DIZZINESS

2. How long have you noticed this difficulty? _____

3. Is the difficulty due to a work-related injury/exposure?

(Y) (N) IF SO: DATE OF INJURY:_____ EXPLAIN:_____

4. Do you feel your hearing is changing?

(Y) (N) ◯ GRADUAL ◯ SUDDEN

5. Have you been exposed to loud noise, either recently or in the past ?

(Y) (N)
- ◯ FARM MACHINERY
- ◯ POWER TOOLS
- ◯ MUSIC
- ◯ MILITARY
- ◯ HUNTING/SHOOTING
- ◯ JET ENGINES
- ◯ FACTORY NOISE
- ◯ OTHER_____

6. Have you seen an Ear, Nose and Throat Physician?

(Y) (N) IF SO: WHEN WAS YOUR LAST VISIT:_____ NAME OF PHYSICIAN_____

7. Have you ever had surgery that may have affected your hearing?

(Y) (N)

8. Is there a history of hearing loss in your family?

(Y) (N) IS SO: WHO?_____

9. Do you have a Pacemaker?

(Y) (N)

10. Have you ever had an ear infection?

(Y) (N) ◯ AS A CHILD ◯ AS AN ADULT

11. Have you, in the past 10 years, experienced chronic or acute dizziness, lightheadedness, or vertigo?

(Y) (N) IF YES, PLEASE DESCRIBE:_____

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12. Do you take any prescription medications on a regular basis? Please List below:

_____

_____

_____

_____

13. Do you take any Aspirin or any blood thinners?

(Y) (N) IF YES, NAME OF MEDICATION_____ HOW OFTEN _____

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

- ◯ ARTHRITIS
- ◯ ASTHMA
- ◯ HIGH BLOOD PRESSURE
- ◯ NEUROLOGICAL SYMPTOMS
- ◯ HEART TROUBLE
- ◯ HEPATITIS
- ◯ SINUSITIS
- ◯ STROKE/TIA
- ◯ MEASLES
- ◯ MENINGITIS
- ◯ DIABETES
- ◯ HEAD INJURY
- ◯ PARKINSON'S
- ◯ BELL'S PALSY
- ◯ HIV
- ◯ LOSS OF SIGHT
- ◯ CANCER _____ TYPE
  - (Y) (N) RADIATION
  - (Y) (N) CHEMOTHERAPY
- ◯ OTHER _____

15. Please rank the following in order of importance [1-4], if a hearing aid is recommended for you:

_____ IMPROVED HEARING IN QUIET
_____ IMPROVED HEARING IN NOISE
_____ AFFORD-ABILITY
_____ COSMETIC APPEARANCE

16. If you are currently using a hearing aid, or have in the past, please answer the following:

a. Which ear was aided? (L) (R)

b. How long have you used a hearing aid? _____

c. What would improve your current aid? _____

_____

_____

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For the following questions, answer "Yes" "Sometimes" or "No." When you are finished, assign a numerical value to your answers according to this key:

Yes = 4
Sometimes = 2
No = 0

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

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

3. Do you have difficulty hearing when someone speaks in a whisper?____

4. Do you feel handicapped by a hearing problem?____

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

6. Does a hearing problem cause you to attend meetings/religious services less often than you would like?____

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

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

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

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

Now add up your answers.

If you achieved a score less than 10, you have passed this screening and do not demonstrate a hearing handicap, according to this questionnaire. You may still want to have your hearing tested, although at this time it may not be necessary. However, if you notice any change in your hearing abilities, a hearing test should be conducted.

If you achieved a score of 10 or greater, you did not pass this screening and demonstrate some degree of a perceived hearing handicap, according to this questionnaire. It is highly recommended that you have your hearing tested and if relevant, begin discussions for a plan of audiologic rehabilitation.