DeSoto EYE & EAR

Hearing Health Assessment

TO BE COMPLETED BY PATIENT

Patient Name _____ DOB ____/____/____
First MI Last MM DD YYYY

How did you find out about us?

☐ Yellow Pages ☐ Internet ☐ Referred by Patient _____

☐ Advertisement ☐ Insurance ☐ Referred by Physician _____

☐ Consumer Seminar ☐ Employer ☐ Other _____

What would you like to accomplish at today's appointment? _____

_____

When was your last hearing exam? _____ By whom? _____

How long ago did you notice a decline in your hearing? ☐ Within 1 Year ☐ 1–5 Years ☐ 5–10 Years ☐ 10+ Years

Have you ever utilized hearing devices? ☐ Yes ☐ No If yes, describe your satisfaction _____

_____

Which ear do you most often use on the telephone? ☐ R ☐ L ☐ Both ☐ Neither

Have you experienced a sudden or progressive hearing loss in the last 90 days? ☐ R ☐ L ☐ Both ☐ Neither

Have you ever had ear surgery? ☐ Yes ☐ No If yes, when _____ Which ear _____ Name of procedure _____

Do you suffer from pain or discomfort in your ears? ☐ Yes ☐ No Do your ears produce a significant amount of wax? ☐ Yes ☐ No

Have you had chronic ear infections? ☐ Yes ☐ No Have you ever had any trauma to the head? ☐ Yes ☐ No

Do you have a family history of hearing loss? ☐ Yes ☐ No Are you experiencing any pressure in your ears? ☐ Yes ☐ No

Do you suffer from dizziness? ☐ Yes ☐ No Do you suffer from tinnitus (ringing in the ears)? ☐ Yes ☐ No

Do you have a history of any of the following?

☐ Measles ☐ Mumps ☐ Diabetes ☐ Pneumonia ☐ Frequent Headaches ☐ High Fevers ☐ Meningitis

☐ Other (describe) _____

Patient dexterity ☐ Good ☐ Fair ☐ Poor Patient vision ☐ Good ☐ Fair ☐ Poor

Have you been exposed to excessive noise levels without hearing protection in any of the following situations?

☐ Workplace ☐ Military ☐ Firearms ☐ Music ☐ Motorcycles ☐ Lawnmower ☐ Other _____

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THIS PORTION TO BE COMPLETED BY HEARING CARE PROFESSIONAL

☐ Quiet Conversation	☐ Home Telephone	☐ Bluetooth® Cell Phones	☐ Outdoor Activities
☐ Door Bell	☐ Driving	☐ Shopping	☐ Entertainment Venues (Casinos, Exhibit Halls, etc.)
☐ Phone Ringing	☐ Religious Services	☐ Movie Theaters	☐ Busy Restaurants
☐ Alarms (Clock, Security, Timers, etc.)	☐ Adult Conversations	☐ Health Clubs	☐ Frequent Social Gatherings
	☐ Small Family Gatherings	☐ Small Group Meetings	☐ Smart Phones
	☐ Quiet Restaurants	☐ Conversations with Children	☐ Conference Calls
		☐ Television	☐ Multimedia Connectivity (Home Theater, Computer, Phone, etc.)
		☐ Open/Reverberant Home	☐ Travel & Airports
		☐ iPod®/Personal Music Players	☐ Concerts & Arts
			☐ Group Presentations
Total _____	Total x2 _____	Total x3 _____	Total x4 _____ Grand Total _____

Desired lifestyle? ☐ Private ☐ Quiet ☐ Active ☐ Dynamic **Does the companion agree?** ☐ Yes ☐ No

What are the top 3 environments you would like to hear better in?

		SCALE OF 1–4 PRE	POST
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

NOTES: