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ADULT MEDICAL HISTORY

Patient's Name:______________________________ Today's Date:______________________________

Family Doctor:______________________________ Referring Doctor:______________________________

Address: ______________________________ Address: ______________________________

______________________________ ______________________________

Phone Number: ______________________________ ______________________________

1. What is the reason for today's visit? ______________________________
2. Will this be your first hearing test? ❑Yes ❑No
3. Have you ever had ear surgery? ❑Yes ❑No
4. Do you have any of the following:
   a. Deformity of the ear? ❑Yes ❑No b. Recent ear drainage? ❑Yes ❑No c. Ear infection? ❑Yes ❑No
5. Do you feel that your hearing is worse in one ear? ❑Yes ❑No
   a. If so, which ear is worse? ❑Left ❑Right
6. Do you experience noises or sounds in your ears? ❑Yes ❑No
7. Have you had sudden or rapid hearing loss in the past 90 days? ❑Yes ❑No
8. Have you experienced acute or recurring dizziness? ❑Yes ❑No
9. Is there a family history of hearing loss? ❑Yes ❑No
10. Do you ever have ear pain? ❑Yes ❑No
11. Have you ever found it necessary to have a doctor remove wax from your ears? ❑Yes ❑No
12. Have you been exposed to loud sounds at work or in hobbies? ❑Yes ❑No
13. Do you experience sensations of fullness in the ears? ❑Yes ❑No
14. Do you have diabetes or high blood pressure problems at this time? ❑Yes ❑No
15. Do you have any medical conditions that we should be aware of? ❑Yes ❑No
16. Do you have any of the following: ❑Diabetes ❑Hypothyroidism ❑High Blood Pressure ❑Kidney Disease ❑Heart Disease ❑Cancer ❑Head Trauma/Injury ❑Heart/Vascular Disease ❑Chronic Renal Disease
17. Are you on any medications? ❑Yes ❑No
   a. If so, please list:______________________________
18. What hearing difficulties are you experiencing? ______________________________
19. In what situations would you like to hear better?______________________________
20. What would prevent you from wearing hearing aids?______________________________
21. How did you hear about Family Hearing Practice?______________________________