**HEARING HEALTH SELF-REPORT** for:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_**

Symptoms/concerns/discomforts:

**[ ]**hearing loss-gradual onset **[ ]** sudden hearing loss [ ] ringing [ ] ear pain **[ ]** dizziness **[ ]** ear draining or bleeding **[ ]** ear injury or surgery **[ ]** ear abnormalities

details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family History of Hearing Loss including mother’s health during pregnancy:

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Personal History of Ear Problems including childhood maladies especially fevers:

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Chronic Health Problems: (esp: COPD, diabetes, thyroid, neuropathy, cancer, and brain issues)

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Compared to when I was 20 years old, I estimate my memory ability to be about \_\_\_\_\_%

Medications: (especially blood thinners, allergy, thyroid, and insulin)

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Noise Exposure Types, duration:

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Last Hearing Test mo/year results, experience with hearing aids:

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Personal History of Ear Problems including childhood maladies especially fevers:

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Toxic Exposures: (carcinogens including smoking, drinks/week, petrochemicals, insecticides, solvents, wood stove, air pollution, pain relievers, general anesthesia, animal borne diseases)

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“I have the most difficulty hearing when….

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“I first noticed I may be having troubles hearing…

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This is my hope for today’s visit:

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