

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: _____

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

Personal History of Ear Problems including childhood maladies especially fevers:

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

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

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

Noise Exposure Types, duration:

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

Personal History of Ear Problems including childhood maladies especially fevers:

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

"I have the most difficulty hearing when....

"I first noticed I may be having troubles hearing...

This is my hope for today's visit:
