Choice Hearing CENTER modernhearing SOLUTIONS

NEW PATIENT CASE HISTORY

Welcome to our practice. We want to provide you with excellent hearing care. Please tell us about yourself by completing as many of the questions below as possible.

How did you hear about us? _____ **Today's Date:** _____

PERSONAL INFORMATION

Full Name _____ Date of Birth _____

Appointment Companion _____ Relationship _____

Street Address _____ City _____ State_____ Zip _____

Home Phone_____ Cell Phone _____ Email _____

Occupation: _____ Marital Status: Married Single Other

Family Physician _____ Referring Physician if applicable _____

MEDICAL HISTORY / INFORMATION

How long have you noticed a hearing loss?		
What do you think caused your hearing loss?		
Which ear is better? Left Right Same		
Has your hearing changed recently? If yes, what has changed?	**Y**	**N**
Have you seen a doctor or other professional for your hearing or ear problems in the past six months? If yes, where were you seen?	**Y**	**N**
Have you ever had a hearing test before?	**Y**	**N**
Have you ever been exposed to loud noises? If so, explain: (example: guns, saws, loud machines, loud music, etc.)	**Y**	**N**
Is there a history of hearing loss in your family?	**Y**	**N**
Have you ever had acute or recurring dizziness or balance problems? If yes, do you currently have it?	**Y**	**N**

Have you ever had ringing in the ear (Tinnitus)? If yes, rate the loudness (circle one): Mild Moderate Severe Do you currently have it? **Yes / No**	**Y**	**N**
Have you ever had radiation treatment?	**Y**	**N**
Have you ever had ear surgery? If yes, explain:	**Y**	**N**
Are you on anti-coagulation therapy (blood thinners)?	**Y**	**N**
Are you diabetic?	**Y**	**N**
Do you have any of the following? (circle all that apply) Discomfort, pain or pressure in your ear: **No / Yes:** Left Right Both Deformity of the ear: **No / Yes:** Left Right Both Ear drainage: **No / Yes:** Left Right Both		

LISTENING ENVIRONMENT

Have you noticed that people seem to mumble?	**Y**	**N**
Is it difficult to understand speech on the telephone?	**Y**	**N**
Do you find it difficult to hear in noisy places?	**Y**	**N**
Do others complain you set the TV too loud?	**Y**	**N**
Do other people live in your house?	**Y**	**N**
Do you have a hearing aid? If yes, do you wear it daily? Yes No What is the brand name? _____ Do you like your hearing aid? Yes No		
If no, have you ever tried a hearing aid or amplifier? If yes, explain:	**Y**	**N**

We want to maximize your ability to hear and communicate with others. To do this, we must understand your needs, personal preferences, and expectations to recommend hearing devices most appropriate for **you**. Working with you, we can find **your** best solution. Answering the questions below, be as honest and precise as possible.

1. **What are the top three situations where you would most like to hear better? Be as specific as possible.**

_____

_____

_____

2. How would you rate your degree hearing loss? ***(circle one)***

None

Mild

Moderate

Severe

3. Are you frustrated by your hearing problem? ***(circle one)***

No

Mildly

Moderately

Extremely

4. I am ready to correct my hearing loss? ***(circle one)***

Yes

No

Maybe

I have reservations

5. What is the most important factor in selecting hearing instruments? ***(circle one)***

Price

Satisfaction / benefit

Invisible

Latest Technology