CASE HISTORY **Alutiiq Hearing Services – Cindy Weber, Audiologist**

Patient Name: _____ **Age:** _____ **Date:** _____

Your Main Concern today is:

☐ **Hearing Loss:** ☐ Right Ear ☐ Left Ear ☐ **Difficulty Hearing:** ☐ In Quiet ☐ In Noise

☐ **Tinnitus/Ringing:** ☐ Right Ear ☐ Left Ear ☐ **Telephone:** ☐ Right Ear ☐ Left Ear ☐ **Dizziness/Vertigo**

How long have you noticed this difficulty? _____

Do you feel that your hearing is changing? ☐ Yes ☐ No ☐ Gradual over time ☐ Sudden loss

Have you been exposed to loud noise, either recently or in the past? ☐ Yes ☐ No

☐ Airplanes or Aircraft Noise ☐ Boats or Boat Engines ☐ Hunting/Shooting ☐ Power Tools ☐ Music/Concerts ☐ Military

☐ Factory Noise ☐ Farm Machinery Other:_____

Have you seen an Ear, Nose, and Throat Physician? ☐ Yes ☐ No If so when was your last visit_____

Name of the ENT Dr. you saw:_____

Have you ever had any ear surgery or surgery that may have affected your hearing? ☐ Yes ☐ No

Is there a history of hearing loss in your family? ☐ Yes ☐ No If so: Who? _____

Have you ever had an ear infection? ☐ Yes ☐ No ☐ As a child ☐ As an adult

Have you had any recent ear pain, drainage, pressure or fullness feeling in the ear/s? ☐ Yes ☐ No ☐ Right ☐ Left

In the past 10 years have you experienced chronic or acute dizziness, lightheadedness, or vertigo? ☐ Yes ☐ No

If yes, please describe: _____

Do you take any Aspirin or any blood thinners? ☐ Yes ☐ No What?_____ How often? _____

Please check off any of the following that you currently have or have had in the past:

☐ Arthritis ☐ Measles ☐ Asthma ☐ High Blood Pressure ☐ Neurological Symptoms ☐ HIV

☐ Heart Trouble ☐ Hepatitis ☐ Sinusitis ☐ Stroke/TIA ☐ Meningitis ☐ Diabetes ☐ Head Injury

☐ Parkinson's ☐ Bell's Palsy ☐ Loss of Sight ☐ Cancer – Type _____

☐ Radiation ☐ Chemotherapy Other_____

Please rank the following in order of importance (1-4), if a hearing aid is recommended for you:

____Improved Hearing in Quiet ____Improved Hearing in Noise ____Affordability ____Cosmetic Appearance

If you are currently using a hearing aid, or have in the past, please answer the following:

Which ear was aided? ☐ Right ☐ Left How long have you used a hearing aid? _____