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? _____