

# Audiology and Hearing Services

6512 Centurion Dr., Suite 340

Lansing, MI 48917

(517) 323-6222

## Adult Hearing History

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Referred by: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Which ear has the hearing loss? \_\_\_ Left \_\_\_ Right, Earaches? \_\_\_ Yes \_\_\_ No

How long have you noticed a hearing loss? \_\_\_\_\_ years

Have you had ear surgery? \_\_\_ Yes \_\_\_ No, Do you have drainage from ear? \_\_\_ Yes \_\_\_ No

When did you last consult a doctor about your ears? \_\_\_\_\_ Doctor's name? \_\_\_\_\_

Any medical treatment for ears? \_\_\_\_\_ Have you ever had a head injury \_\_\_ Yes \_\_\_ No

Any history of exposure to noise? \_\_\_\_\_

Do any members of your family have hearing loss \_\_\_ Yes \_\_\_ No Who? \_\_\_\_\_

What serious illness have you had in the past? \_\_\_\_\_

Have you experienced periods of dizziness? \_\_\_\_\_

Do you have any ringing or other noise in your ears? \_\_\_\_\_

Are you taking medications? \_\_\_\_\_

How did you hear about our services?

\_\_\_\_\_ Doctor Referral

\_\_\_\_\_ Advertisement

\_\_\_\_\_ Friend

\_\_\_\_\_ Yellow Pages/Phone listing

\_\_\_\_\_ Previous Patient

\_\_\_\_\_ School

\_\_\_\_\_ TV

\_\_\_\_\_ Website

\_\_\_\_\_ Other