

PATIENT HISTORY

PATIENT INFORMATION

First Name _____ M.I. _____ Last Name _____

Date of Birth _____ / _____ / _____ Today's Date _____ / _____ / _____

MEDICATIONS

Please list any medications (including non-prescription) you are currently taking or have taken recently:

MOTIVATION

What motivated you to come in today?

On a scale of 1 – 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? *(Please check one)*

NOT MOTIVATED **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** VERY MOTIVATED

HEARING AID EXPERIENCE

- I have a hearing aid and use it regularly in my: Right ear Left ear
- I have inquired about hearing aids at other office(s), but did not purchase at the time.
- I have a hearing aid, but don't use it, or use it only occasionally.
- I have tried a hearing aid, but returned it.
- I have never used a hearing aid.



HEARING NEEDS ASSESSMENT

Please rank each of the following items in order of importance with #1 being the most important to #4 being the least important to you.

_____ Sound quality & clarity _____ Durability/reliability _____ Cost _____ Appearance

Do you own a smartphone? Yes No If yes, which model? Android iPhone

TINNITUS

Do you have ringing (tinnitus) in your ears? Yes No — *If no, skip to next section.*

1. Is your tinnitus in your: Right ear Left ear Both ears

2. Which option best describes the head noise you are experiencing?

High pitched Low pitched Other

3. Describe the loudness of your tinnitus: Very Loud Loud Moderate Faint Very Faint

4. Is your tinnitus Continuous Intermittent

5. When did the tinnitus start? _____

SELF QUESTIONNAIRE

Answer yes or no to each of the following items. Don't skip a question if you avoid a situation because of a hearing problem. If you wear a hearing aid(s), answer the way you hear without the hearing aid(s).

1. Have you noticed that people seem to mumble? Yes No

2. Do you sometimes hear words but do not always understand them? Yes No

3. Do you find it difficult to hear in noisy places? Yes No

4. Have you been told you speak loudly? Yes No

5. Do others complain that you play the TV too loudly? Yes No

6. Have you been told on occasion that you missed the ringing of the telephone? Yes No