HEARING HISTORY for: ______________________________

When did you first notice a hearing problem?					
Do you hear better in one ear?	❒ Yes	❒ No	❒ Right	❒ Left	
Do any family members have a hearing problem?	❒ Yes	❒ No			
Is there any hereditary history of hearing loss in your family?	❒ Yes	❒ No			
Who?					
Explain					
Has your hearing decreased suddenly or progressively?	❒ Yes	❒ No			
Explain					
Does your hearing fluctuate?	❒ Yes	❒ No			
Do you have ringing/noises in your ear(s)?	❒ Yes	❒ No	❒ Right	❒ Left	❒ Both
	❒ Constant		❒ Occasional		
Do you experience dizziness or vertigo?	❒ Yes	❒ No			
Have you had frequent ear infections?	❒ Yes	❒ No			
Do you have any drainage from your ears?	❒ Yes	❒ No	❒ Right	❒ Left	
Have you had surgery on your ear(s)?	❒ Yes	❒ No	❒ Right	❒ Left	
Explain type of surgery.					
Have you ever been in an accident that caused severe head or neck injury?	❒ Yes	❒ No			
Explain.					
Have you ever been hospitalized and prescribed intensive antibiotic medication?	❒ Yes	❒ No	When?		
	Medications				
Have you ever worked in a noisy situation?	❒ Yes	❒ No			

Do you have any noisy hobbies/sports?	❒ Yes	❒ No	

AMPLIFICATION HISTORY for: ______________________________

Have you ever used a hearing aid?	❒ Yes	❒ No	❒ Right	❒ Left	❒ Both
Type of hearing aid:	❒ Canal	❒ In-the-ear	❒ Behind-the-ear		
Make and model of hearing aid:					
How old are the hearing aid(s) you are presently wearing?					
Where did you purchase your last hearing aid(s)?					
Performance of present/past hearing aid(s):					
Problem(s) with your hearing aid(s) if broken:					