PINE TREE SOCIETY
149 Front St, Bath, ME 04530

Adult Hearing Case History

The following information is confidential

Name: Mr./ Mrs./ Ms./ Dr./ Rev._____Age_____

Date of Birth_____

Mailing Address_____Phone_____

Occupation_____ Number of individuals in your household _____

Family physician_____Ear physician_____

How did you hear about us?_____

Hearing Tested Before? _____ When & Where_____

GENERAL EAR/HEARING INFORMATION

Please describe the reason for a hearing test: _____

_____

When did problem begin?_____ Was it gradual or sudden? _____

Do you think you hear better in one ear?_____ If so which one? _____Left_____Right

Any History of: Ear Infections _____ Ear Drainage _____Ear Surgery_____ Head Injury_____

Dizziness_____ History of allergies or sinus problems_____

Do you have ringing/buzzing in ears? If so ____Right _____Left _____Both

History of noise exposure? Work/Play_____

_____

Family history of hearing loss? If yes which family members?_____

MEDICAL HISTORY

Illnesses or accidents: Stroke ____ High blood pressure ____ Meningitis ____ Diabetes _____

Head injury _____ High Fevers_____ Pace Maker _____ Severe vision problems _____ Arthritis _____

Other_____

Please list all medications including vitamins and supplements, their dosages and number of times medications are taken each day. Feel free to use back side of page. You may also bring list with you.

_____

_____

_____

Hearing Acuity Assessment

Please answer the following questions by checking the appropriate response:

	Yes	Sometimes	No
1. Does a hearing problem cause you to have difficulty understanding in group situations?.....	☐	☐	☐
2. Does a hearing problem cause you to ask people to repeat what they have said?.....	☐	☐	☐
3. Do you have difficulty hearing when someone speaks in a whisper?.....	☐	☐	☐
4. Does a hearing problem cause you to ask people to speak louder or move closer to you?.....	☐	☐	☐
5. Does a hearing problem cause you difficulty when listening to the TV or radio?.....	☐	☐	☐
6. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?.....	☐	☐	☐
7. Does a hearing problem cause you to avoid situations or activities more often than you would like?.....	☐	☐	☐
8. Does a hearing problem cause you to have difficulty on the telephone? If "yes" which ear? _____left _____right	☐	☐	☐
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?.....	☐	☐	☐
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?.....	☐	☐	☐