

## Hearing Health Assessment

## TO BE COMPLETED BY PATIENT

Patient Name		Sex 🗆 M 🗆 F Date / /		
First	MI Last	MM DD YYYY		
How did you find out about us?				
Yellow Pages	□ Internet	Referred by Patient		
□ Advertisement	□ Insurance	Referred by Physician		
Consumer Seminar	🗆 Employer	Other		
What would you like to accomplish a	t today's appointment?			
When was your last hearing exam?		By whom?		
How long ago did you notice a declir	ne in your hearing? 🛛 With	hin 1 Year 🛛 1–5 Years 🖓 6–10 Years 🖓 10+ Year		
Have you ever utilized hearing device	es? 🗆 Yes 🗆 No If yes	s, describe your satisfaction		
Which ear do you most often use on	the telephone?	🗆 R 🗆 L 🗆 Both 🗆 Neither		
Have you experienced a sudden or p	rogressive hearing loss in tl	he last 90 days? 🛛 R 🖓 L 🖓 Both 🖓 Neither		
Have you ever had ear surgery? $\Box$ Ye	es 🛛 No 🛛 If yes, when:	Which ear:Name of procedure:		
Do you suffer from pain or discomfor	t in your ears? 🗆 Yes 🗆 No	Have you had chronic ear infections? $\Box$ Yes $\Box$ No		
Do your ears produce a significant amount of wax?  Yes  No Have you ever had any trauma to the head?  Yes  No				
Are you experiencing any pressure in your ears? 🛛 Yes 🗆 No Do you suffer from dizziness? 🔅 🖓 Yes 🗆 No				
Do you suffer from tinnitus (ringing in the ears)? 🛛 Yes 🗆 No Do you have a family history of hearing loss? 🗆 Yes 🗆 No				
Are you currently using any medicati	ons? □ Yes □ No	,		
If yes, please list				
Do you have a history of any of the fo	ollowing?   Measles	Mumps 🛛 Diabetes 🖾 Pneumonia		
□ Frequent Headaches □ High Fe	evers 🗆 Meningitis 🗆	Other (describe)		
Have you been exposed to excessive	noise levels without hearir	ng protection in any of the following situations?		
□ Workplace □ Military □ Firearn	ns 🗆 Music 🗆 Motorcyc	cles 🛛 Lawn Mower 🖾 Other (describe)		
Patient dexterity Good Fair		nt vision 🛛 Good 🖾 Fair 🖾 Poor		
Are there any specific features you ar	e interested in for your hea	aring solution?		

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## THIS PORTION TO BE COMPLETED BY HEARING CARE PROFESSIONAL

Quiet Conversation Doorbell Phone Ringing Alarms (Clock, Security, Timers, etc.) Total	<ul> <li>Home Telephone</li> <li>Driving</li> <li>Religious Services</li> <li>Adult Conversations</li> <li>Small Family Gatherings</li> <li>Quiet Restaurants</li> </ul>	<ul> <li>Cellphones</li> <li>Shopping</li> <li>Movie Theaters</li> <li>Health Clubs</li> <li>Small Group Meetings</li> <li>Conversations with Children</li> <li>Television</li> <li>Open/Reverberant Home</li> <li>iPod®/Personal Music Players</li> </ul>	<ul> <li>Outdoor Activities</li> <li>Entertainment Venues         <ul> <li>(Casinos, Exhibit Halls, etc.)</li> <li>Busy Restaurants</li> <li>Frequent Social Gatherings</li> <li>Smartphones</li> <li>Conference Calls</li> <li>Multimedia Connectivity             <li>(Home Theater, Computer, Phone, etc.)</li> <li>Travel &amp; Airports</li> <li>Concerts &amp; Arts</li> <li>Group Presentations</li> </li></ul> </li> </ul>
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What are the top three env 1 2	ate  Quiet  Active vironments in which you would I	like to hear better? S	panion agree?  Yes No CALE OF 1-4 PRE POST