# Joplin Ear, Nose and Throat

## Audiology

## Adult Case History

(v.8/19)

Name: _____ Date of Birth: _____

Primary Care Physician: _____ ENT (if any): _____

Reason for visit: _____

**Please circle Yes or No for each question**

- Do you have difficulty hearing or understanding? YES NO

  If yes, explain: _____

- Have you ever had a hearing test? YES NO

  If yes, where? _____ When? _____

  What were the results (if known)? _____

- Do you wear a hearing aid? YES NO

  If yes, how long have you worn it? _____ Are you satisfied with it? _____

- Please check all situations in which you have difficulty:

  ___restaurant ___ on the phone ___watching TV ___ movies

  ___ meetings ___ worship service ___ other: _____

- Do you hear any noises in your ears? RIGHT LEFT BOTH NEITHER

  If yes, please describe (e.g. ringing, buzzing, hissing, etc.) _____

  If yes, how often are these noises present? _____

- Do you have fullness or pain in your ears? YES NO

- Please check all types of loud noise that you have been exposed to:

  ___ gunfire ___ heavy equipment ___ loud music

  ___ explosions ___ motorcycles ___ military tanks/aircraft

  ___ factory noise ___ power lawn mower ___ power tools

  ___ other: _____

- Have you had any dizziness? YES NO

  If yes, please describe (examples: off-balance, light-headed, room spinning, etc.) _____

  _____

  How often do you experience the dizziness? _____

  Is the dizziness caused by any particular body movement? _____

- Are you presently being treated by an ear specialist? YES NO

  If yes, who and for what reason? _____

- Have you ever had surgery on your ears? YES NO

  If yes, please explain: _____

- Has any blood relative (that you know of) had a hearing loss? YES NO

  If yes, please list relation to you: _____

- Please describe your general health at present: _____

  Please check if you have any of the following:

  ___ diabetes ___ high blood pressure ___ heart disease ___ kidney disease

  Please list any medications taken regularly _____

  _____

- Please note any additional information related to today's visit: _____

_____

How were you referred?

___ Physician / ENT ___ Newspaper ___ Radio

___ Friend ___ TV ___Other _____

Patient's Signature: _____ Date: _____