

# DuPage Medical Group – Audiology Department

## ADULT CASE HISTORY

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Concern: \_\_\_\_\_

### Otological History:

1. How would you best describe your hearing? More than one may apply.

- Hearing is fine with no concerns
- Difficulty hearing in noisy environments
- Difficulty hearing in group situations
- Able to hear but not clearly
- Difficulty hearing from a distance
- Not able to hear

2. Have you previously had a diagnostic hearing test? Yes No

If yes, how long ago? \_\_\_\_\_

Results at that time? \_\_\_\_\_

3. Have hearing aids ever been recommended? Yes No

Worn? Yes No Which ear?  Right  Left  Both

How long have you used hearing aids? \_\_\_\_\_ Age of current aids? \_\_\_\_\_

Any concerns regarding your current hearing aids? \_\_\_\_\_

4. Do you ever experience noises in either ear (ringing, hissing, buzzing)? Yes No

If yes, describe: \_\_\_\_\_

When did the sound begin? \_\_\_\_\_

How frequently?  Rarely  Occasionally  Daily  Constantly, sound does not stop

Where?  Right Ear  Left Ear  Both Ears  Can't tell location

5. Do you have a history of ear infections? Yes No

If yes, when was the last infection? \_\_\_\_\_

6. Have you ever had ear surgery? Yes No

If yes, what surgery? \_\_\_\_\_

7. Is there a family history of hearing loss? Yes No

If yes, who? \_\_\_\_\_

If known, why? \_\_\_\_\_

8. Have you ever been exposed to loud noise, recently or in the past? Yes No

- Firearms
- Music
- Motorcycles/ recreational vehicles
- Factory work
- Farm equipment
- Other \_\_\_\_\_
- Military equipment
- Explosions
- Power tools
- Heavy equipment

(OVER →)

