LAKE MURRAY HEARING

Patient Name: _____ Date: _____

1. Chief complaint: ☐ Hearing Loss (☐ Right ear/ ☐ Left ear/ ☐ both) ☐ Tinnitus/Ringing ☐ Dizziness
   ☐ Difficulty hearing (☐ in quiet/ ☐ in noise) ☐ Fullness/pressure (☐ right ear/ ☐ left ear)

2. How long have you noticed this difficulty? _____

3. Do you think your hearing is changing? ☐ Yes ☐ No (☐ Gradual ☐ Sudden)

4. Have you ever been exposed to loud noise, either recently or in the past? ☐ Yes ☐ No
   If so, please mark all that apply:

   ☐ Farm Machinery ☐ Music ☐ Hunting/Shooting ☐ Factory Noise
   ☐ Power Tools ☐ Military ☐ Jet Engines ☐ Other: _____

5. Do you have any of the follow symptoms?

   ☐ Deformity of the ear ☐ Drainage of the ear ☐ Sudden or rapid loss within past 90 days
   ☐ Acute or Chronic dizziness/imbalance ☐ ear pain

6. Have you ever had your hearing tested? ☐ Yes ☐ No If so, when was your last test? _____

7. Have you seen an Ear, Nose and Throat Physician? ☐ Yes ☐ No
   If so, who did you see? _____

8. Have you ever had surgery that may have affected your hearing? ☐ Yes ☐ No Type: _____

9. Is there a history of hearing loss in your family? ☐ Yes ☐ No If so, who: _____

10. Have you ever had an ear infection? ☐ Yes ☐ No (If yes, ☐ as a child ☐ as an adult)

11. Do you take any prescription medications on a regular basis? Please List:
    Medication: _____ For: _____
    Medication: _____ For: _____
    Medication: _____ For: _____

12. Please check any of the following that you currently have or have had in the past:

☐ Arthritis	☐ Diabetes	☐ Hepatitis	☐ Malaria	☐ Neurological
☐ Asthma	☐ Head injury	☐ High Blood Pressure	☐ Measles	☐ Parkinson's
☐ Bell's Palsy	☐ Heart Trouble	☐ HIV	☐ Mumps	☐ Scarlet Fever
☐ Sinusitis	☐ Stroke/TIA	☐ Visual trouble		

13. Please rank the following in order of importance (1-4), if a hearing aid is recommended for you:
    ____ improved hearing in quiet ____ Improved hearing in noise
    ____ Cosmetic appearance ____ Expense

14. If you are currently using a hearing aid, or have in the past, please answer the following:
    Which ear is/was aided? ☐ Right ☐ Left ☐ Both
    How long have you used a hearing aid? _____