



HISTORY FORM

Name _____ Date of Birth _____

Phone _____ Email _____

Reason for Appointment _____

Tested Before? Where? _____

Onset of Hearing Loss _____ Age of Discovery _____

Etiology (cause) _____

Yes No

Familial Hearing Loss _____

Progressive Hearing Loss _____

Noticeable change in hearing loss since last evaluation _____

Congenital or Traumatic Deformity of the Ear _____

Otagia _____

Fullness/Pressure _____

History of Childhood Ear Infections _____

Active Ear Infection/Drainage in the past 90 days _____

Cerumen _____

Surgery on Ears _____

Tinnitus (ringing, roaring, whooshing) _____

Acute or Chronic Dizziness _____

Vertigo (room spinning) _____

Noise Exposure _____

Allergies _____

Current Medications _____

Head Injury (unconsciousness) _____

High Blood Pressure _____

Other _____

HEARING AID/COCHLEAR IMPLANT HISTORY

Yes No

- Currently using a hearing aid
- Currently using a cochlear implant/BAHA *If cochlear implant, complete blue questionnaire*
- Satisfied with Hearing Aid(s)

Why? _____

Age Used First Hearing Aid(s) _____ Which ears? R L Both

Age Stopped Using Hearing Aid (s) _____

Why? _____

OTHER SERVICES

Yes No

- Students: Interested in borrowing an FM System?
- Auditory Training/Speechreading

HEARING CONSERVATION PROGRAM

Time since most recent noise exposure: _____ Hours _____ Days

What is your current position/job at RIT (if applicable)? _____

How long have you been working at RIT (in a noisy atmosphere)? _____

Type of ear protection used: _____

Frequency of use of ear protection: Always Sometimes Rarely Never

Types of noise exposure:

- Military Service
- Firearms
- Power Tools
- Loud Music
- Motorcycles
- Heavy Machinery

Other: _____

