WISCONSIN HEARING AIDS, INC

PATIENT MEDICAL HISTORY FORM

PATIENT NAME: _____ AGE: _____ DATE: _____

Chief complaint:

☐ Hearing Loss (Right Ear/ Left Ear) ☐ Dizziness ☐ Telephone (Right Ear/ Left Ear)

☐ Tinnitus/Ringing ☐ Difficulty Hearing (In Quiet/ In Noise)

How long have you noticed this difficulty? _____

Is this problem due to a work-related injury/exposure? ☐ Yes ☐ No

Do you feel your hearing is changing? ☐ Yes ☐ No (☐ Gradual ☐ Sudden)

Have you been exposed to loud noise, either recently or in the past? ☐ Yes ☐ No

If so, please mark all that apply:

☐ Farm Machinery ☐ Factory Noise ☐ Jet Engines

☐ Music ☐ Power Tools ☐ Other: _____

☐ Hunting/Shooting ☐ Military

Have you seen an ear, nose and throat physician? ☐ Yes ☐ No

If so, who did you see? _____ When? _____

Have you had surgery that may have affected your hearing? ☐ Yes ☐ No

Is there a history of hearing loss in your family? ☐ Yes ☐ No

If so, who? _____

Have you ever had an ear infection? ☐ Yes ☐ No

If yes, ☐ as a child ☐ as an adult

In the past 10 years, have you experienced chronic or acute dizziness, lightheadedness or vertigo? ☐ Yes ☐ No

If yes, please describe: _____

Do you take blood thinners? ☐ Yes ☐ No

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

- ☐ Arthritis
- ☐ Asthma
- ☐ Bell's Palsy
- ☐ Diabetes
- ☐ Head Injury
- ☐ Heart Trouble
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV
- ☐ Malaria
- ☐ Measles
- ☐ Meningitis
- ☐ Mumps
- ☐ Neurological Symptoms
- ☐ Parkinson's
- ☐ Scarlet Fever
- ☐ Sinusitis
- ☐ Stroke/TIA
- ☐ Visual Trouble-Loss of Sight

Please rank the following in order of importance (1=Very Important, 4=Not That Important) if a hearing aid is recommended for you:

1 2 3 4 Improved Hearing In Quiet

1 2 3 4 Improved Hearing In Noise

1 2 3 4 Cosmetic Appearance

1 2 3 4 Expense

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? _____

What would improve your current hearing aid? _____