

ADULT CASE HISTORY

Date: _____

Patient Name: _____

Date of Birth: _____

Do you have a documented hearing loss? ☐ Yes ☐ No

Have you had your hearing tested within the last year? ☐ Yes ☐ No

Do you currently wear hearing aids? ☐ Yes ☐ No If yes, how old are your current devices? _____

Do you have a history of wax buildup in your ears? ☐ Yes ☐ No

Have you ever had any previous ear surgeries? Please explain:

A family history of hearing loss can increase our chances of developing hearing loss. Please describe any family history of hearing loss:

Do you have a family history of Dementia or cognitive decline? ☐ Yes ☐ No

Noise exposure can damage the hearing organ and cause tinnitus. Check the situations below where you have been exposed to loud noises for an extended period of time:

- ☐ Work ☐ Sporting Events ☐ Fireworks ☐ Loud Music/Concerts ☐ Heavy Machinery
☐ Firearms ☐ Fire Alarm ☐ Recreational Vehicles ☐ Yard Equipment/Power Tools

Pharmaceuticals can be ototoxic and affect the ears, resulting in hearing loss and tinnitus. Please check all the medications you have been exposed to:

- ☐ Cancer Treatments (Chemotherapy) ☐ Aminoglycoside Antibiotics (medications that end with "mycin")
☐ Use of Ciprofloxacin/"Ciprio" ☐ Long-term use of Aspirin, Ibuprofen, Aleve, and Tylenol

Certain health conditions can increase the risk of hearing loss and tinnitus. Please check all of the medical conditions you are currently managing or may be concerned about:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cardiovascular Disease (Hypertension, Arrhythmia, History of Stroke, Heart Valve complications, or Heart Attack) | <input type="checkbox"/> Stroke | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Autoimmune Disease (Rheumatoid Arthritis, Lupus) | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Thyroid Disorder |
| | <input type="checkbox"/> Head Trauma | <input type="checkbox"/> History of Smoking |
| | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Diabetes or Pre-Diabetes | |

Hearing loss can have a big impact on a person's social and emotional well-being. Please check all of the symptoms you are experiencing:

- | | |
|---|--|
| <input type="checkbox"/> I'm missing parts of what people say to me | <input type="checkbox"/> I have difficulty hearing on the phone |
| <input type="checkbox"/> I feel like friends and family are mumbling | <input type="checkbox"/> I have difficulty understanding English accents |
| <input type="checkbox"/> I'm accused of not listening or hearing correctly | <input type="checkbox"/> I have difficulty hearing in groups or at church |
| <input type="checkbox"/> I have difficulty hearing in noisy environments | <input type="checkbox"/> I have difficulty hearing movies or shows with |
| <input type="checkbox"/> I have difficulty hearing women's or children's voices | <input type="checkbox"/> I need closed captions on the TV a lot of background/action noise |

How long have you been experiencing these difficulties? _____

Tinnitus is a common side-effect of hearing loss.

Do you experience tinnitus/ringing in the ears? ☐ Yes ☐ No

Untreated Hearing loss and tinnitus increase the rate of depression, isolation, and loneliness. Do you have feelings of sadness or depression? ☐ Yes ☐ No

Are you feeling 'on edge' or stressed lately? ☐ Yes ☐ No

Are you feeling lonely? ☐ Yes ☐ No

Do you feel yourself isolating from others or withdrawing from conversations? ☐ Yes ☐ No

Recent studies show that untreated hearing loss can increase the risk of dementia by 200-500%. Are you concerned about memory loss or developing dementia? ☐ Yes ☐ No

Untreated hearing loss can cause feelings of imbalance and significantly increase your risk of a traumatic fall. Have you fallen in the past 12 months? If yes, how many times? _____

Are you feeling dizzy today? ☐ Yes ☐ No

List the top 3 situations where you would like to improve your hearing

1. _____
2. _____
3. _____

Note any additional information that you would like your provider to review with you
