

**Professional Hearing Aid Service**

**2141 K Street N.W. Washington, DC 20037**

**ADULT CASE HISTORY**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Their Phone \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

How did you hear about us?

- Doctor       Friend       Relative       Mail
- Newspaper     Yellow Pages  Website       Other \_\_\_\_\_

**AUDIOLOGIC HISTORY**

Have you ever had your hearing tested before? If yes, When and Where?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had or currently have any of the following: (check all that apply)

- Kidney Disease       Diabetes       Chemotherapy       Radiation       Heart Disease
- Meningitis       Ear Infections  Ear Pain/Discomfort       Sudden or rapid hearing loss
- Genetic/familial hearing loss       Previously worn hearing aids       Firearm use/exposure
- Ear Surgery

\_\_\_\_\_

Please answer the following questions about your hearing:

Do you have a problem hearing? \_\_\_\_\_

What do you think caused your hearing problem? \_\_\_\_\_

How long have you had a hearing problem? \_\_\_\_\_

Has your hearing changed recently? \_\_\_\_\_

Which is your better ear?      Right       Left

Are you having dizziness or balance problems? \_\_\_\_\_

Do you have ringing in your ears? \_\_\_\_\_

Have you ever worn hearing aids? \_\_\_\_\_

If so please indicate make and model? \_\_\_\_\_

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