# Hearing Health Assessment

**TO BE COMPLETED BY PATIENT**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>First</th>
<th>Last</th>
<th>DOB MM/DD/YYYY</th>
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How did you find out about us?

- [ ] Yellow Pages
- [ ] Internet
- [ ] Referred by Patient
- [ ] Advertisement
- [ ] Insurance
- [ ] Referred by Physician
- [ ] Consumer Seminar
- [ ] Employer
- [ ] Other
- [ ] Website
- [ ] Facebook

What would you like to accomplish at today’s appointment?

When was your last hearing exam? By whom?

How long ago did you notice a decline in your hearing?

- [ ] Within 1 Year
- [ ] 1–5 Years
- [ ] 5–10 Years
- [ ] 10+ Years

Have you ever utilized a hearing solution?

- [ ] Yes
- [ ] No

If yes, describe your satisfaction

Which ear do you most often use on the telephone?

- [ ] R
- [ ] L
- [ ] Both
- [ ] Neither

Have you experienced a sudden or progressive hearing loss in the last 90 days?

- [ ] R
- [ ] L
- [ ] Both
- [ ] Neither

Have you ever had ear surgery?

- [ ] Yes
- [ ] No

If yes, when: Name of procedure:

Do your ears produce a significant amount of wax?

- [ ] Yes
- [ ] No

Are you experiencing any pressure in your ears?

- [ ] Yes
- [ ] No

Have you had chronic ear infections?

- [ ] Yes
- [ ] No

Have you ever had any trauma to the head?

- [ ] Yes
- [ ] No

Do you have a family history of hearing loss?

- [ ] Yes
- [ ] No

Do you have a history of any of the following?

- [ ] Measels
- [ ] Mumps
- [ ] Pneumonia
- [ ] Frequent Headaches
- [ ] High Fevers
- [ ] Meningitis
- [ ] Other (describe)

Patient dexterity

- [ ] Good
- [ ] Fair
- [ ] Poor

Patient vision

- [ ] Good
- [ ] Fair
- [ ] Poor

Have you been exposed to excessive noise levels without hearing protection in any of the following situations?

- [ ] Workplace
- [ ] Military
- [ ] Firearms
- [ ] Music
- [ ] Motorcycles
- [ ] Lawnmower
- [ ] Other

Are there any specific features you are interested in for your hearing solution?
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<tr>
<th>Desired lifestyle?</th>
<th>Private</th>
<th>Quiet</th>
<th>Active</th>
<th>Dynamic</th>
<th>Does the companion agree?</th>
<th>Yes</th>
<th>No</th>
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<td>What are the top 3 environments you would like to hear better in?</td>
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**NOTES:**

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**SCALE OF 1–4**

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