Hearing Health Assessment

New Patients

HEARING ASSOCIATES OF SOUTH CAROLINA

Name _____

In our professional experience, we have found that many of our patients describe hearing loss as the lack of clarity or a moment lacking in hearing or understanding. This affects not only their normal daily routines, but the lives of those around them. We would like to ask you a few situational questions to better understand your hearing environment and how we might improve your quality of life.

	Frequently	Sometimes	Rarely
When using the telephone, how often are you experiencing difficulty?	☐	☐	☐
When watching television, how often are you experiencing difficulty?	☐	☐	☐
When in restaurants, how often are you experiencing difficulty?	☐	☐	☐
How often is your hearing limiting or hampering your social life?	☐	☐	☐
How often do you ask someone to repeat themselves?	☐	☐	☐
When in the presence of background noise, how often are you experiencing a lack of clarity?	☐	☐	☐
When listening to women's or children's voices, how often are you experiencing a lack of clarity?	☐	☐	☐
How often do you hear people speak but not understand what they are saying?	☐	☐	☐
How often do you feel as though other people are mumbling?	☐	☐	☐
How often is your hearing causing you to feel stresed or tired after listening for long periods of time?	☐	☐	☐

Please provide the top three listening situations where you would like to hear better.

- ○ Driving
- ○ Family
- ○ Meetings
- ○ Music
- ○ Outdoors
- ○ Religious
- ○ Restaurant
- ○ Social
- ○ Telephone
- ○ Television
- ○ Travel
- ○ Other _____

Below are four listening lifestyles that range from frequent to rare background noise you might experience throughout your day. When you think about your daily activities, in addition to your less frequent but important activities, which lifestyle best describes you now and where you would like to be?

Please select your current lifestyle and your desired lifestyle. (Pick one)

Active Lifestyle (Frequent Background Noise)
○ Current ○ Desired

Casual Lifestyle (Occassional Background Noise)
○ Current ○ Desired

Quiet Lifestyle (Limited Background Noise)
○ Current ○ Desired

Very Quiet Lifestyle (Rare Background Noise)
○ Current ○ Desired

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Patient Name _____ Date _____

General History

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

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

○ Within past 9-0 Days ○ 1 - 3 years ○ 4 - 6 years ○ 7 - 10 years ○ 10+ years

Have you ever used assisstive listening devices? ○ Yes ○ No

Do you suffer from acute or chronic dizziness? ○ Yes ○ No

Has anyone in your family suffered hearing loss? ○ Yes ○ No If yes, who? _____

Medical History

○ Diabetes ○ Radiation therapy to local area ○ TMJ ○ Cardiovascular Disease

○ Cognitive ability ○ Chemotherapy within 6 months ○ Compromised immune system

Allergies to any medications, plastics, etc.? _____

Current medications (i.e. blood thinners) _____

_____

Have you ever had ear surgery? ○ Yes ○ No If yes, which ear? _____

Type _____

Do you have regular MRIs? ○ Yes ○ No

Please list all major surgeries and illnesses (past 10 years) _____

_____

For Office Use Only:		Right Ear	Left Ear
Interview	Patient Experience	○ Poor Hearing ○ Telephone ○ Ringing ○ Pain/discomfort ○ Drainage (Past 90 days) ○ Excessive noise exposure	○ Poor Hearing ○ Telephone ○ Ringing ○ Pain/discomfort ○ Drainage (Past 90 days) ○ Excessive noise exposure
Examination	Audiometric Range	○ Within range ○ Out of range	○ Within range ○ Out of range
	Middle Ear & Outer Ear	○ TM Perforation ○ PE tube ○ Cholesteatoma ○ Malformation ○ Cerumen buildup ○ Chronic or acute drainage	○ TM Perforation ○ PE tube ○ Cholesteatoma ○ Malformation ○ Cerumen buildup ○ Chronic or acute drainage
	Skin Condition	○ Contact Dermatitis ○ Chronic external otitis ○ Thin, dry skin; risk of trauma	○ Contact Dermatitis ○ Chronic external otitis ○ Thin, dry skin; risk of trauma
	Ear Geometry	○ Too Narrow ○ Vertical step ○ Ant/post bulge ○ V-shaped	○ Too Narrow ○ Vertical step ○ Ant/post bulge ○ V-shaped