



Hoover Hearing Clinic
A division of
Hoover ENT Associates,
P.C.
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Hoover, Alabama 35244
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Chart #: _____

Date: _____

Adult Case History

Name: _____

DOB: _____

Referring Physician: _____

Medical History

1. Have you ever had a hearing test before? _____
If so, when? _____ Where? _____
2. Do you have any problem hearing? _____ If yes, which ear? _____
If no, for what reason were you referred for a hearing test? _____

3. Has your hearing loss been . . . Gradual _____ Sudden _____ Fluctuating _____
4. What do you think may have caused your hearing problem? _____

5. Can you hear with either ear on the telephone? _____ Which ear? _____
6. Have you ever had ear infections? _____ Which ear? _____
7. Have you ever had any ear surgery or PE tubes? _____ Which ear? _____
8. If yes to #7, what type of ear surgery? _____
9. Does anyone in your family have hearing problems? _____
10. Do you hear noises in your head? _____ Which ear? _____
11. If yes to #10, which best describes the noises that you hear?
High-pitched ringing ____ Buzzing ____ Roaring ____ Crickets ____
Pulsating ____ Rushing water ____ Other _____
12. How often do you hear these noises? Constantly ____ Frequently ____ Occasionally ____
13. Are you having a dizziness problem? _____

14. If yes to #13, is your dizziness accompanied by . . . Nausea _____ Vomiting _____ Noises _____

15. Have you had any of the following illnesses?

Meningitis _____ Mumps _____ Malaria _____ Diabetes _____ Heart trouble _____
Scarlet fever _____ High blood pressure _____ Head injury _____

16. Do you take medication regularly? _____

Please list names, dosage, and frequency.

17. Do you have any electronic devices implanted (ie. pacemaker, etc.)? _____

If yes, explain: _____

18. Have you been exposed to loud noises for any length of time? _____

If yes, please describe. _____

19. What is / was your occupation? _____

20. Have you ever used a hearing aid? _____ Are you or were you satisfied? _____

21. In which situations are you having difficulty hearing or understanding? Work _____ TV _____
Phone _____ Social Activities _____ Personal relationships _____ School _____

22. People often have difficulty coping with hearing loss. Are you interested in discussing this with someone and learning some techniques to deal with the difficulty? _____

23. How did you hear about our office? _____

Questions you might have for the audiologist
