



NORTHWEST
HEARING + TINNITUS

TINNITUS + HEARING HEALTH HISTORY

Name: _____ Date: _____

Please answer the following questions and check the appropriate boxes to the best of your ability.

1. What is your main concern today? _____ sudden onset gradual onset
2. Have you ever had a hearing test? No Yes (When? _____ Where: _____)
If "Yes", were you told that you had a hearing loss at that time? Yes No
3. How do you rate your hearing? Good Fair Poor
4. Does anyone else feel you have a hearing problem? No Yes (Who? _____)
5. Have you ever worn hearing aids? No Yes (For how long? _____ Where were they fit? _____)
6. Please list at least 3 situations in which you would like to see improvement in hearing/communication: _____

7. Please check all of the following that apply to your hearing + medical history:

- Loud noise exposure (Please describe, include duration of exposure) _____
- Tinnitus (ringing in the ears): Right ear Left ear Both ears Sounds like: _____
Is your tinnitus bothersome noticeable but not bothersome
How long have you experienced tinnitus? _____
- Decreased sound tolerance (i.e., loud or specific sounds are bothersome) Please describe: _____
- Ear infections Ruptured/perforated eardrum Ear surgery (Year: _____; Describe: _____)
- Fluctuating hearing Pressure or fullness in ear Dizziness / vertigo
- TMJ: Do you use a mouthguard? Yes No Chronic pain / fibromyalgia
- Concussions: Date(s): _____; Number of incidents _____. Light sensitivity
- Head or brain injuries or surgeries (please describe): _____
- Skull / neck / back injuries or surgeries (please describe): _____
- Meniere's disease or other otologic (ear) condition (please describe): _____
- Migraines Diabetes Thyroid dysfunction High blood pressure Auto-immune disease: _____
- Chemotherapy
- Cognitive impairment (please describe): _____ Is it progressive? Yes No
- Anxiety Depression PTSD Schizophrenia
- Family history of hearing loss (please describe): _____

7. Please list your current medications (exclude vitamins): _____

8. What would you like to get out of today's appointment? _____

