Hearing and Medical History

Clinic: Towers Audiology Center
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Los Angeles, CA 90048
(310) 652-4327 Fax (310) 652--7900

Date

PATIENT INFORMATION

Name
First MI Last

Date of Birth
MM/DD/YYYY

ABOUT YOUR HEARING AND MEDICAL HISTORY

When was your last hearing test? Never had my hearing tested ☐

Do you experience hearing loss? Yes ☐ No ☐ Not sure ☐

If you experience hearing loss, please describe it:

If yes, which ear(s)? Right ☐ Left ☐

How was the onset of your hearing loss Gradual ☐ Fluctuating ☐ Sudden ☐ Congenital ☐ Longstanding ☐

Which ear do you use to talk on the phone? Right ☐ Left ☐

Do you have a history of hearing aid use? Yes ☐ No ☐

If yes, please describe:

Please check all that apply:

☐ Dizziness Which best describes it? Constant ☐ Intermittent ☐ Single episode ☐ Lightheadedness ☐

Have you experienced any of the following?:

☐ Fluid Drainage Left Ear ☐ Right Ear ☐ Seen a Physician?

Tinnitus/ringing/noises ☐

Ear fullness/pressure ☐

Imbalance ☐

☐ Ear Infection Left Ear ☐ Right Ear ☐ Seen a Physician?

Notes:

Have you experienced any of the following medical conditions?

Diabetes ☐	Heart problems ☐	Vascular problems ☐	High blood pressure ☐
Cancer ☐	Strokes ☐	AIDS/HIV ☐	Head injury ☐
Autoimmune disease ☐	Head or Neck Surgery ☐	Recent hospitalization ☐	Macular degeneration ☐
Mumps ☐	Measles ☐	Von Recklinghausen NF ☐	Limb tingling/numbness ☐
Encephalitis ☐	Meningitis ☐	Allergies ☐	Changes in cognition ☐
Paget's disease ☐	Double vision ☐	Malaria ☐	Numbness around face ☐

Please make any additional notes here: