Northwest
Speech and Hearing Center Ltd.

Name: _____ DOB: _____

What Medications are you currently taking?

Do you have any significant medical history? If yes, what? _____

HEARING HISTORY

- How long have you had trouble hearing? _____
- Was your hearing loss? Sudden Progressive Gradual Fluctuating
- Is your hearing poorer in one ear? Yes No If yes, which ear is the poorer ear? Right Left
- Have you ever had your hearing tested? Yes No If yes, what did they find? _____

What are 3 situations you struggle to hear in? 3 situations you notice your hearing loss the most?

1. _____
2. _____
3. _____

- **Do you have a history of:**

  □ Ear Infections □ Ear Drainage □ Pain in the ears □ Ear Surgery

  □ Noise Exposure □ Dizziness □ Family History of Hearing Loss

  □ Noises in Ears (Tinnitus) If yes, what does it sound like? _____

  If yes, which ear? RIGHT LEFT
  Is it: CONSTANT or COMES AND GOES

  How do you feel about the noises in your ears?
  □ Curious □ Concerned □ Distraught

HEARING AID HISTORY

Have you ever worn a hearing aid? YES NO If yes, how many years?_____

Are you currently wearing hearing aids? Right ear Left ear Both ears Do not wear hearing aids

If hearing aids are recommended, are you interested in learning more about them? Yes • No

If yes please fill out page 2.

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Hearing Aids

How often are you in each type of situation? Please respond by checking the appropriate box.

	Frequently	Occasionally	Never
1. How often do you attend theater, concerts or movies?			
2. How often do you attend lectures, religious services or meetings?			
3. How often do you go to restaurants?			
4. How often do you use the telephone / cell phone?			
5. How often do you watch television?			
6. How often do you attend small group activities? (bridge, bible study, meetings, clubs…)			
7. How often do you attend large group activities? (parties, family celebrations…)			
8. How often do you participate in outdoor activities?			
9. How often are you in reverberant places? (gyms, arenas, cafeterias…)			
10. How often do you listen to music? (live or recorded)			

Please rank the level of importance to you for each of the items below

	Not that Important	Somewhat Important	Very Important
Cosmetics/Visibility	☐	☐	☐
Ease of use/simplicity	☐	☐	☐
Rechargability	☐	☐	☐
Smart Phone Streaming	☐	☐	☐
Lowest Cost	☐	☐	☐