West Tennessee Hearing & Speech Center

ADULT CASE HISTORY FORM- HEARING

Name: _____ Age: _____ Sex: _____ D.O.B. _____

Address: _____ City: _____ State: ____ County: _____

Phone: _____ Cell: _____ Employer: _____

Occupation: _____ Insurance: _____

YES NO

☐ ☐ Do you have any problems hearing? If yes, for how long? _____

Which ear? ☐Right ☐Left ☐Both ears

☐ ☐ Do your friends/family complain about your hearing?

☐ ☐ Do you have ringing or other sounds in your ears? If yes, which ear? ☐Right ☐Left ☐Both ears

How often? ☐Constantly ☐Intermittently ☐Unsure

☐ ☐ Have you had dizziness?

☐ ☐ Have you had ear surgery, ear infections, ear pain, skull fracture/concussion?

(Circle all that apply)

☐ ☐ Have you ever been exposed to loud noises on a regular basis? If yes, what kind and for how long?

_____

☐ ☐ Does anyone in your family have a hearing loss? If yes, which family member(s) and how old were they when their loss began? _____

☐ ☐ Have you ever had a hearing test? If yes, please give the year and location of your last test.

_____

☐ ☐ Have you ever worn a hearing aid? If yes, which ear? ☐Right ☐Left ☐Both For how long? ____

☐ ☐ Are you interested in trying hearing aids?

☐ ☐ Do you regularly take medications? If yes, for what condition(s)? _____

_____

Look below and check any conditions that apply:

☐ Meningitis ☐ Cardiac Problems ☐ High Blood Pressure ☐ Diabetes ☐ Scarlet Fever

☐ Other: _____

West Tennessee Hearing & Speech Center

MEDICAL HISTORY: please check all that apply. Please provide the dates where applicable

- ☐ Dental cares / sealants current
- ☐ Acne
- ☐ Allergies
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Atopic dermatitis / eczema
- ☐ Birth defect / genetic disorders _____
- ☐ Bladder infection
- ☐ Bronchitis
- ☐ Cancer
- ☐ Chickenpox
- ☐ Congenital heart disease
- ☐ Constipation
- ☐ Contacts
- ☐ Cystic fibrosis
- ☐ Depression
- ☐ Immunization reaction
- ☐ Immunization refusal / delay
- ☐ Jaundice
- ☐ Kidney or bladder problems
- ☐ Learning problems
- ☐ Liver disease
- ☐ Meningitis
- ☐ Mononucleosis
- ☐ Neurologic problems
- ☐ Orthopedic problems
- ☐ OT/PT/Speech Therapy
- ☐ Developmental problems _____
- ☐ Diabetes
- ☐ Emotional problems
- ☐ Frequent ear infections
- ☐ Frequent sinus infections
- ☐ Gastroesophageal reflux
- ☐ Glasses
- ☐ Hearing problems
- ☐ Heart murmur
- ☐ Hypothyroidism
- ☐ Overweight
- ☐ Pneumonia
- ☐ Prematurity _____
- ☐ Scoliosis
- ☐ Seizures/epilepsy
- ☐ Sensory integration disorder
- ☐ Sickle cell anemia or trait
- ☐ Skin conditions
- ☐ Strabismus
- ☐ Strep throat
- ☐ Tension or anxiety
- ☐ Trauma
- ☐ Tuberculosis
- ☐ UTI
- ☐ Vision problems
- ☐ Wheezing/reactive airway disease
- ☐ Other _____
- ☐ Other _____

What do you hope to get out of today's appointment?

_____

65 Ridgecrest Road * Jackson, TN 38305 * Phone: 731-668-6076 * Fax: 731-668-7033 * www.wthsc.com