4130 Abrams Road
Dallas, TX 75214
(214) 827-1900

10611 Garland Road, Suite106
Dallas, TX 75218
(214) 660-9888

total HEARING CARE

7615 Campbell Road, Suite 109
Dallas, TX 75248
(972) 380-0222

5462 Glen Lakes Drive
Dallas, TX 75231
(214) 987-4114

Patient Name: _____ Today's Date: _____

Hearing History (New Patient)

	Yes	No
Have you been examined by a physician in the past 6 months regarding your ears?	❒	❒
Will this be your first hearing test?	❒	❒
If no, date of last hearing test	_____	

In which ear is your hearing better? Left Right Same

How did your hearing loss develop? Gradually Suddenly Past 90 days

How long have you experienced hearing difficulty? _____

Have you ever had wax removed from your ears by a doctor?	❒	❒
If yes, when _____		
Have you ever had ear surgery?	❒	❒
If yes, please explain: _____		

Have you had any ear infections? frequently rarely never childhood only

Have you ever been exposed to loud noise in your lifetime?	❒	❒
If yes, please explain: _____		

What do you believe caused your hearing loss? _____

Have you had any recent serious illness or hospitalization?	❒	❒
If yes, please explain: _____		
Do you have ringing or noises (tinnitus) in your ears?	❒	❒
Do you have a family history of hearing loss?	❒	❒
If yes, which family members: _____		
Have you ever had kidney disease/failure?	❒	❒
Have you ever had an organ transplant?	❒	❒

General Health History

Do you have any of the following:

Acute or recurring dizziness?	❒	❒
If yes, please explain: _____		
Pain in your ears?	❒	❒
Sinus/Allergy problems?	❒	❒
Does it affect your hearing?	❒	❒
Are you taking blood thinning medication?	❒	❒
Do you have diabetes?	❒	❒

Please list any current medications (including over-the-counter) that you are taking:

_____

_____

_____

_____ **(OVER)**

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HEARING DIFFICULTY QUESTIONAIRE

Indicate your ability to hear (Hearing Quality) in the following listening situations and rate the importance of that listening situation to you. If a situation does not apply to you, leave it blank.

LISTENING SITUATION	HEARING QUALITY			IMPORTANCE TO YOU		
	POOR		NORMAL	NOT	SOMEWHAT	VERY
QUIET (one on one conversation)	1	2	3	1	2	3
TELEVISION	1	2	3	1	2	3
Do others complain the TV volume is too loud?	YES ❒		NO ❒			
RESTAURANTS	1	2	3	1	2	3
CHURCH	1	2	3	1	2	3
MEETINGS/GROUPS	1	2	3	1	2	3
Do you avoid/dislike social situations b/c of difficulty understanding?	YES ❒		NO ❒			
WORKPLACE	1	2	3	1	2	3
TELEPHONE	1	2	3	1	2	3
CAR	1	2	3	1	2	3
MALE VOICE	1	2	3	1	2	3
FEMALE VOICE	1	2	3	1	2	3
CHILD'S VOICE	1	2	3	1	2	3
OTHER (please explain below)	1	2	3	1	2	3

	Yes	No
Do you find yourself asking people to repeat what they have said?	❒	❒
Do you feel that you can hear but not understand?	❒	❒
If hearing loss is discovered, are you ready for help?	❒	❒

On a scale of 1 to 10, 1 being no problems at all and 10 being great difficulty, how would you rate your hearing?

1 2 3 4 5 6 7 8 9 10

Please rank the following items 1 through 6 with 1 being the MOST important and 6 being the LEAST important.

USE EACH NUMBER ONLY ONE TIME:

_____ Understanding Speech Better

_____ Inconspicuous Appearance (size)

_____ Performance in noisy surroundings

_____ Price of Hearing Instruments ($1500 - $4000/ear)

_____ Comfort

_____ Service