

Audiologic Interview

Date _____

Patient's Name _____

Birthdate _____

Address _____

Age _____

Phone _____

Occupation _____

Work conditions
Quiet/noisy

Reason for office visit _____

Previous evaluations _____

When did you first notice difficulty hearing? _____

Is hearing the same in both ears? _____

Is your hearing loss constant or variable? _____

Situations in which you have most difficulty hearing _____

Medical History- please describe any of the following which apply to you:

Family history of hearing loss _____

Ear infections _____

Tinnitus _____

Dizziness _____

Ear Surgery _____

Noise Exposure _____

Medications _____

Hearing Aid History:

Where was your hearing aid obtained? _____

Date of purchase (year) _____

Make _____

Model _____

Ear _____

Has hearing aid use been satisfactory? _____
