Hearing Health Assessment
Current Hearing Technology Users

a member of AUDIGY GROUP

Patient Name: _____ Date: _____

Medical History

Reason for today's appointment: _____

Allergies to any medications, plastics etc.? _____

Current medications: _____

_____

Have you ever had ear surgery? ☐ Yes ☐ No If Yes, which ear? ☐ Right ☐ Left

Type: _____

Please list all major surgeries: _____
(Past 10 years) _____

Please list any serious illnesses: _____
(Past 10 Years) _____

Are you diabetic? ☐ Yes ☐ No

General History

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

How long ago did you notice a decline in your hearing?

☐ Recently ☐ 1-3 years ☐ 4-6 years ☐ 7-10 years ☐ More than 10 years

Have you ever used assistive listening devices? ☐ Yes ☐ No

In which ear is your hearing poorest? ☐ Right ☐ Left ☐ Same

Which ear do you use on the telephone? ☐ Right ☐ Left ☐ Either

Have you experienced a sudden or progressive hearing loss within the last 90 days? ☐ R ☐ L ☐ Both ☐ Neither

Have you experienced any drainage from your ear(s) within the last 90 days? ☐ R ☐ L ☐ Both ☐ Neither

Do you suffer from pain or discomfort in your ear(s)? ☐ R ☐ L ☐ Both ☐ Neither

Do you suffer from acute or chronic dizziness? ☐ Yes ☐ No

Is there a visible congenital or traumatic deformity of the ear? ☐ Yes ☐ No

Describe: _____

Is there a visible evidence of significant cerumen accumulation or a foreign body in the ear canal?

☐ R ☐ L ☐ Both ☐ Neither

Describe: _____

_____

Is the audiometric air-bone gap equal to or greater than 15 dB at 500 Hz, 1K Hz, and 2K Hz.

☐ R ☐ L ☐ Both ☐ Neither

Describe: _____

_____

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Current Hearing Technology

Brand and model of your hearing technology: _____

Style of technology: ☐ Behind the Ear ☐ In the Ear, describe: _____

Do you use technology in both ears? ☐ Yes ☐ No

How many years ago did you purchase your technology? ☐ 1-3 years ☐ 3-5 years ☐ 5+years

My current hearing technology...	Always	Sometimes	Never
Feels comfortable	1	2	3
Does not emit feedback or whistling noises	1	2	3
Provides hearing confidence on a day-to-day basis	1	2	3
Is cosmetically appealing	1	2	3

My current hearing technology performance is satisfactory...

	Always	Sometimes	Never		Always	Sometimes	Never
While in background noise	1	2	3	In a restaurant	1	2	3
At religious services	1	2	3	While listening to music	1	2	3
At the movies	1	2	3	While watching TV	1	2	3
In the car	1	2	3	In group conversations	1	2	3
On the phone	1	2	3	In conversations with spouse	1	2	3
In a conference room	1	2	3	In conversations with children	1	2	3

Please provide the top three listening situations where you would like to hear better:

1. _____
2. _____
3. _____

Please select your current lifestyle and if different please identify your desired lifestyle.

Active Lifestyle (Frequent Background Noise)
☐ Current ☐ Desired

Casual Lifestyle (Occasional Background Noise)
☐ Current ☐ Desired

Quiet Lifestyle (Limited Background Noise)
☐ Current ☐ Desired

Very Quiet Lifestyle (Rare Background Noise)
☐ Current ☐ Desired

Notes: _____