

Lafayette Hearing Center

Case History

Date: ___/___/___

Patient Name: _____ **DOB:** ___/___/___ **Age:** _____
First Middle I Last

Address: _____ **City:** _____ **Zip:** _____ Male Female

Insurance: _____ **Home Phone:** _____ **Cell Phone:** _____

Occupation: _____ **Email:** _____

Companion: _____ **Companion phone:** _____ **Relationship:** _____

I am comfortable with: Text Phone Email

May we occasionally ask for your feedback on your visit(s) with us? Yes No

Medical History

	Yes	No	Details
Middle ear infections?			
Ear Surgery?			
Stuffy or fullness in ears?			
Ear Pain?			
Sinus/Allergies?			
Frequent ear aches/draining ears?			
Head or face injury?			
ringing/buzzing in ears? RT ___ LT ___ Both ___			
Balance problems? (spinning <input type="checkbox"/> , unsteady <input type="checkbox"/> , acute <input type="checkbox"/>)			
High Blood Pressure?			
Diabetes? Insulin ___ Pills ___ Diet ___			
Kidney disease? Take water pill?			
Do you take regular aspirin? Dosage ___ How many? ___			
Do you use tobacco products?			

Any current medical diagnosis? i.e. Heart disease, stroke, high cholesterol, etc. _____

When did you first notice a hearing problem?

Recently 1-3 years 4-6 years 7-10 years + 10 years

Is one ear better than the other? Y N If yes, which ear? R L

Which ear do you use for the telephone? R L

Do people in your family think you have trouble hearing? Y N If yes, who? _____

Does anyone else in your biological family (i.e. siblings, parents) have hearing problems? Y N

If yes, who? _____

Do you or have you worked in a noisy place? Y N

Do you have noisy hobbies? Y N

Notes: _____

List all medications/herbal supplements, dosage, frequency & route (e.g. oral, suppository, shot); check if list attached _____

In office only: Medications reviewed for ___ tinnitus, ___ HL, ___ vertigo/dizziness

Complete other side also →

Please tell us 3 listening situations where you wish you could hear better:

1. _____
2. _____
3. _____

Primary Care Provider: _____

Name

City

Phone

Office notes:
