Holmes Audiology

Joseph J Holmes Au.D.
Board Certified by the American Board of Audiology

Submit

Case History - Adult

Patient Name:_____Birthdate_____

1) How can we help you? _____

2) Are you having any pain, fullness, or drainage in or around your ears? If so, which ear?

If you have:	Ear Pain	Ear Fullness	Ear Drainage	Tinnitus
Check box:				
Indicate R, L, or both ears:				
How long:				

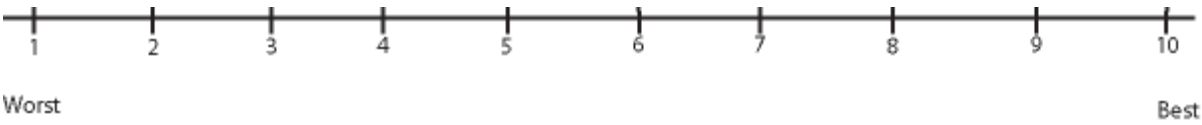
Please indicate details_____

_____

_____

3) Are you having any dizziness, light-headedness, or loss of balance?_____

If yes, describe_____



4) How would you rate your overall hearing and understanding ability?

5) Using this 1-10 scale, how well do you you hear on the telephone?_____

6) Which ear do you use on the telephone? ☐R or ☐L Circle: ☐habit or ☐hear better

7) Have you ever had your ears operated on?_____If yes, when?_____,

by whom?_____describe:_____

_____

8) Have you had any surgery for which you had to have a general anesthetic during the past 5 years?_____

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9) Please name all the medications, vitamins, supplements, etc, you take for anything (it does not matter where you procured it).___check if list provided._____

_____

_____

10) Have you ever had any sudden changes in your hearing?_____

If yes, when?_____

Treatment?_____

11) Have you ever been exposed to extremely loud noise?_____

Describe_____For how long?_____

12) Is there anyone in your family who has a serious problem with their hearing?_____

Describe_____

13) Have you ever had any problems with your heart or with your blood pressure?_____

_____

14) Have you had a stroke?_____

15) Are you diabetic?_____Do you have diabetes in your family?_____

16) Have you seen an Ear, Nose, and Throat specialist (ENT)?_____Who?_____

When?_____For?_____

Treatment?_____

17) When was the last time you had your hearing tested?_____

Results and recommendations?_____

18) Do you feel you need hearing aids?_____

19) Have you ever worn hearing aids?_____Type?_____

If yes, what would you like to improve?_____

_____

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20) List the top three situations you would most like to hear better:

1_____

2_____

3_____

21) What is your most important consideration regarding hearing aids. Please rank 1 as most important, 4 as least important:

____Hearing aid size and appearance

____Improved ability to understand speech in quiet situations

____Improved ability to understand speech in noisy situations such as restaurants

____Cost of Hearing Instruments

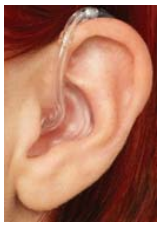
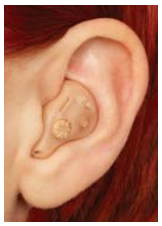
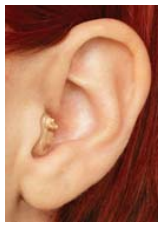
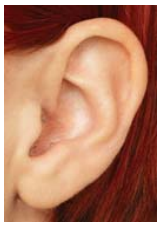
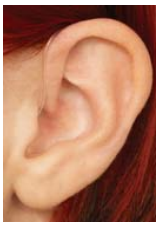
22) Do you think you prefer hearing devices that are:

_____totally automatic so that you do not have to make any adjustments to them

_____allow you to adjust the volume and change the listening programs as you see fit

_____no preference or not sure

23) Look at the pictures of hearing instrument styles. Please place an X on the picture of the styles you would **NOT** be willing to use. Dr. Holmes will discuss with you if your choices are appropriate for you given your hearing profile and physical shape of your ear.

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24) Is there anything else you would like to make us aware of?_____

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