COASTAL
HEARING CARE

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ADULT CASE HISTORY

To fill out this form and print, open in Adobe Reader or your web browser of choice.

1. PATIENT INFORMATION

Name _____ D.O.B ____/____/_____ Date ____/____/_____

2. MEDICATIONS

Please list any medications (including non-prescription) you are currently taking or have taken recently:

_____

3. ABOUT YOUR HEARING

Do you have any of these symptoms?

☐ Yes ☐ No History of ear surgery?
☐ Yes ☐ No Hearing loss in only one ear (asymmetric hearing)?
☐ Yes ☐ No Pain in your ears?
☐ Yes ☐ No Have you seen a doctor for wax removal?
☐ Yes ☐ No Sudden or rapid hearing loss in the past 90 days?
☐ Yes ☐ No Drainage from either ear in the past 90 days?
☐ Yes ☐ No Sudden or long-term dizziness?

Which is your poorer ear? ☐ Right ☐ Left ☐ Same

Does anyone in your family have hearing loss? ☐ Yes ☐ No Relationship to you? _____

In what situation does your hearing give you the most trouble? _____

Have you ever been exposed to loud noises? ☐ Yes ☐ No

If yes, please describe: _____

Have you ever had your hearing tested? ☐ Yes ☐ No

If yes, when and what were the results? _____

Have you ever seen an ENT (Ear, Nose & Throat)? ☐ Yes ☐ No

If yes, when and what were the results? _____

ENT Name & City? _____

4. MOTIVATION

What motivated you to come in today? _____

_____

PLEASE COMPLETE BACKSIDE >>>

5. HEARING AID EXPERIENCE

☐ I have a hearing aid and use it regularly in my: ☐ Right ear ☐ Left ear

☐ I have inquired about hearing aids at other office(s), but did not purchase at that time.

☐ I have a hearing aid, but don't use it, or use it only occasionally.

☐ I have tried a hearing aid, but returned it.

☐ I have never used a hearing aid.

6. HEARING NEEDS ASSESSMENT

Put a "1" before the FIRST thing that is most important to you in purchasing a hearing aid. Now put a "2" before the second most important thing to you when purchasing a hearing aid. Next, put a "3" before the third most important thing to you when purchasing a hearing aid. Lastly, put a "4" before the least important thing to you when purchasing a hearing aid. These are your choices:

_____ Sound Quality & Clarity _____ Durability/Reliability _____ Cost _____ Appearance

Do you own a smart phone? ☐ Yes ☐ No If yes, which model? ☐ Android ☐ iPhone

7. MOTIVATION SCALE

On a scale of 1 – 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please check one)

NOT MOTIVATED	1	2	3	4	5	6	7	8	9	10	VERY MOTIVATED
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

8. TINNITUS

Do you have ringing (tinnitus) in your ears? ☐ No (if "No", move to Section 9) ☐ Yes (if "Yes", answer 1 – 5 below)

1. Is your tinnitus in your: ☐ Left ear ☐ Right ear ☐ Both ears
2. Which option best describes the head noise you are experiencing?

   ☐ High pitched ☐ Low pitched ☐ Crickets ☐ Locust ☐ Other: _____
3. Describe the loudness of your tinnitus? ☐ Very Loud ☐ Loud ☐ Moderate ☐ Faint ☐ Very Faint
4. Is your tinnitus: ☐ Continuous ☐ Intermittent
5. When did the tinnitus start? _____

9. SELF QUESTIONNAIRE

Answer Y for "yes," N for "no," or S for "sometimes" to each of the following items. Don't skip a question if you avoid a situation because of a hearing problem. If you wear a hearing aid(s), answer the way you hear without the hearing aid(s).

1. Does your hearing cause you to feel frustrated when visiting with friends, relatives or neighbors?	☐ Y ☐ N ☐ S
2. Does your hearing cause you to feel embarrassed when meeting with new people?	☐ Y ☐ N ☐ S
3. Do you have difficulty hearing when someone is soft spoken or speaks at a distance?	☐ Y ☐ N ☐ S
4. Does your hearing cause you to attend social events or religious services less often than you'd like?	☐ Y ☐ N ☐ S
5. Does your hearing cause you to become fatigued by the end of the day?	☐ Y ☐ N ☐ S
6. Does your hearing cause you difficulty when listening to TV or radio?	☐ Y ☐ N ☐ S
7. Does your hearing cause you difficulty when in a restaurant with relatives or friends?	☐ Y ☐ N ☐ S
8. Does your hearing cause you to have arguments with family members?	☐ Y ☐ N ☐ S