



AUDIOLOGY SERVICES & HEARING AIDS

255 Union blvd., Suite 220, Lakewood, Colorado, 80228 (303) 462-4900
mandi@hear2day.com larry@hear2day.com hear2day.com

PATIENT CASE HISTORY

Today's Date: _____

Name: _____

Date of Birth: ____/____/____ Age: _____

Mailing Address: _____

Contact Telephone: _____

Email Address: _____

Emergency Contact Name: _____

Occupation: _____

Primary Care Physician (PCP): _____

Reason for today's visit: _____

Who referred you to our office? _____

Have you ever had a hearing test? _____

Which ear is your better ear? Right? Left? Unknown?

Are you concerned about WAX? Oh Yes! Not sure

Do you have ringing, buzzing, or roaring in your ears (Tinnitus)?

Yes

No

Sometimes

Please check any of the following which applies to you:

- Worked in a noisy environment
- Military
- Farming
- Firearms
- Flying (planes/helicopters etc.)
- Loud music/concerts
- Car accident with AIRBAG deployment
- Other _____

Please check any of the following daily activities and functions that affect you:

- Difficulty understanding soft speech
- Difficulty understanding in noise or group situations
- Difficulty understanding on the telephone
- Difficulty understanding TV dialogues, or the TV volume is loud
- Difficulty hearing or understanding at place of Worship
- Finding loud sounds bothersome
- People mumble
- Hearing speech but cannot understand the words
- Missing natural sounds (birds, crickets, etc.)
- Family and friends telling you that you can't hear

Please check any of the following medical conditions that apply to you:

- Meniere's Disease
- Ear infections or drainage
- Ear pressure or fullness
- Ear surgery or fractures of the head and/or neck
- Brain Injury or Tumor
- Vertigo / Dizziness / Imbalance
- Diabetes
- Kidney disease
- Thyroid disease
- Heart attack / Cardiac condition
- High blood pressure
- Arthritis
- Depression
- Stroke
- Dementia / Alzheimer's
- Multiple Sclerosis