



# PACIFIC HEARING & BALANCE

## ADULT EVALUATION & MANAGEMENT RELEVANT HISTORY

PATIENT NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CHART # \_\_\_\_\_ DATE: \_\_\_\_\_

Audiologist: \_\_\_ Gregory Frazer PhD, AuD \_\_\_ Carissa Bennett, AuD \_\_\_ Julie Skille, AuD \_\_\_ Kathy Harlan MA \_\_\_ Sofiya Krauss AuD \_\_\_ Ashley Lombardi AuD

HEARING CASE HISTORY	YES	NO	OFFICE USE ONLY: AUDIOLOGIST
Do you have difficulty hearing or known hearing loss?			
Do you have ringing or noises in your ear(s)?			
If yes, does it interfere with sleep or normal activities?			
Do you have exposure to loud noises (i.e. work or gun use?)			
Do you have past or recent head injury or ear surgery?			
Do you have ear pain or drainage?			
Do you feel pressure in ear(s) or feel plugged?			
Do you have dizziness, vertigo or balance problems?			
Do you have family members with hearing loss?			
Do you use tobacco or smoke?			
Do you turn the TV up louder than others prefer?			
Do you have difficulty understanding what is said on TV?			
Do you have difficulty hearing over the telephone?			
Do you miss some words and have to ask people to repeat?			
Do you have to strain to understand conversations in groups?			
Do you have trouble understanding in the presence of noise?			
Do you have trouble understanding in meetings or churches?			
Do you have trouble understanding females or children?			
Does it sound like people frequently mumble?			
Do people get annoyed because you don't understand?			
Do you avoid social activities due to your inability to hear?			
Have family members ask you to have your hearing checked?			
Do you have any vision or dexterity problems?			
For the past month, have you often felt depressed or hopeless?			
For the past month, have you often lacked interest or pleasure?			

For Office Use Only

### SUMMARY DETAILS:

Discussed test results & speech audiogram w/ patient?

CONCLUSIONS/IMPRESSION: SNHL CHL MIXED HL AD AS AU SNHL CHL MIXED HL AD AS

RECOMMENDATIONS: \_\_\_ Medical &/or ENT follow up \_\_\_ Hearing Aid Evaluation \_\_\_ ABR \_\_\_ VNG

OTHER RX: