Audiology & Hearing Aid Center, L.L.C.
1180 Karin Street
Vineland, NJ 08360

Patient Hearing Health Interview

Patient _____ Date _____

1. What brings you here today? _____

2. Do you believe that you have difficulty hearing? ☐ Yes ☐ No If yes, what caused your hearing loss?

_____

_____

3. How long have you noticed a problem? _____

4. Have you had your hearing tested before? By whom? _____ When? _____

5. Have you seen a physician regarding your hearing in the past year?
Doctor's name _____ Date _____

6. Do others believe you have difficulty hearing? _____ Who? _____

7. Please check any of the following conditions that you have and add any comments you feel may help your audiologist understand and treat all of your hearing concerns.

Left Ear	Right Ear	
☐	☐	Pain/discomfort in ears _____
☐	☐	Noises in your ears _____
☐	☐	History of hearing loss in your family _____
☐	☐	Dizziness or balance problems _____
☐	☐	Excessive noise exposure _____
☐	☐	Surgery or medical problems with ears (drainage) _____
☐	☐	Sudden hearing loss in the past 90 days _____

8. What medications are you currently taking? _____

_____

9. Do you have any other medical conditions that we need to be made aware of? _____

_____

Comments _____

_____

_____