



East Valley Hearing Center

"Professional Service with a Caring Touch"

a member of AUDIGY GROUPSM

6262 E. Broadway Rd., Ste. 103
Mesa, Arizona 85206
(480) 830-0994

Hearing Health Assessment

New Patients

Name: _____ Date: _____

GENERAL HISTORY

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

How long ago did you notice a decline in your hearing?

- Within past 90 days
- 1-3 years
- 4-6 years
- 7-10 years
- 10+ years

Have you ever used assistive listening devices? Yes No

Do you suffer from acute or chronic dizziness? Yes No

Do you have ringing/buzzing in the ears (tinnitus)? Yes No

Has anyone in your family suffered hearing loss? Yes No If yes, whom? _____

Have you been exposed to loud noises (guns, tools, music, etc)? Yes No If yes, what? _____

MEDICAL HISTORY

- Diabetes
- Radiation therapy to local area
- Compromised immune system
- Cognitive ability
- Chemotherapy within 6 months
- TMJ
- Ear pain
- Drainage from the ears

Allergies to any medications, plastics, etc? _____

Current medications (ie: blood thinners): _____

Have you ever had ear surgery? Yes No If yes, which ear? Right Left Type: _____

Have you had an MRI? Yes No

Please list all major surgeries and illnesses: _____

(past 10 years) _____

RIGHT EAR

LEFT EAR

Audiometric Range

- Within range
- Out of range

- Within range
- Out of range

Middle Ear & Outer Ear

- TM perforation
- PE tube
- Osteoma
- Cholesteatoma
- Malformation
- Exostosis
- Cerumen buildup
- Keratosis obturans
- Chronic or acute drainage

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Skin Condition

- Contact dermatitis
- Chronic external otitis
- Thin, dry skin, risk of trauma

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Ear Geometry

- Too narrow
- Vertical step
- Ant/post bulge
- V-shaped

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FILL IN BOX ONLY

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New Patients

Lifestyle

Does a hearing problem:

	Always	Sometimes	Never
Cause you to feel embarrassed or uncomfortable when meeting new people?	1	2	3
Cause you to feel frustrated when talking to members of their family?	1	2	3
Make it difficult for you to converse on the phone?	1	2	3
Cause you difficulty following conversations in a restaurant?	1	2	3
Cause you to have to ask people to repeat themselves?	1	2	3
Cause you to have difficulty hearing in the presence of background noise?	1	2	3
Cause you to have difficulty hearing women's or children's voices?	1	2	3
Cause you to feel as though others mumble?	1	2	3
Cause you to attend religious or social functions less than they would like?	1	2	3
Cause you to have arguments with family and friends?	1	2	3
Cause you to feel stressed or tired when listening for long periods of time?	1	2	3
Cause others to complain that you turn up the television or radio too loud?	1	2	3
Limit or hamper your personal or social life?	1	2	3
Cause you to hear people speak but fail to understand what they are saying?	1	2	3

Please select your current lifestyle and if different, please select your desired lifestyle:

Active Lifestyle (Frequent Background Noise) Current Desired Quiet Lifestyle (Limited Background Noise) Current Desired

Casual Lifestyle (Occasional Background Noise) Current Desired Very Quiet Lifestyle (Rare Background Noise) Current Desired

Listening Environments

Check activities you currently participate in
(check all that apply)

- Watching TV Place of worship Talking in groups
 Outdoors On the phone Crowded/noisy places
 Concerts Business meetings Conversations with
 Lectures Exercise activities soft voices

Please list the top three situations where you would like to hear better:

- _____
- _____
- _____

Check how often you engage in the following activities:

- Swim underwater Often (>3x/week) Sometimes (1-2x/week) Infrequently
 Scuba dive/skydive Often (>3x/week) Sometimes (1-2x/week) Infrequently

If amplification is deemed necessary, what is most important to you:

(circle number)

	Not important	Somewhat important		Very important	
Invisibility	1	2	3	4	5
Ease of use	1	2	3	4	5
Minimal amount of user maintenance (ie: changing batteries, making repairs)	1	2	3	4	5
Ability to wear in most situations (ie: no need to remove for activities like exercising or telephone use)	1	2	3	4	5