CLEVELAND STATE UNIVERSITY ~ SPEECH & HEARING CLINIC

Audiology: Adult Case History

Background Information

Name: _____ Date of Evaluation: _____

Address: _____ Birthdate: _____

_____ Age: _____

Circle Preferred Contact: [H] _____ [W] _____

[Cell]_____ [Pager] _____

Marital status: _____ Occupation: _____

Referred by:_____

Statement of the Problem

Describe your hearing problem: _____

_____

When was the problem first noticed?_____

_____

Has the problem changed since you first noticed it? _____

List recent otological and audiological exams, (include date, name and address where done, and results):

_____

_____

_____

Social and Environmental Factors

Is there a family history of hearing loss? _____ If yes, who? _____

Have you ever worked in a noisy environment? _____ If so, where? _____

How long? _____

Do you have noisy hobbies (e.g., hunting, music, carpentry)? _____ If yes, explain. _____

_____

Continued....

Otologic History and Symptoms

Check ☑ if you have ever experienced any of the following and if so, describe below.

☐ Ear infections	☐ Ear surgery	☐ Balance problems
☐ Fullness in ears	☐ Ringing in ears	☐ Sinus related problems
☐ Pressure	☐ Dizziness/nausea	☐ Allergies
☐ Drainage	☐ Numbness in the face	☐ Excess ear wax (cerumen)
☐ Pain-discomfort	☐ Blurred vision	

Medical History

Check ☑ if you have a history of any of the following and if so, describe below.

☐ Diabetes	☐ Stroke/TIA	☐ Memory problems	☐ Balance problems/falls
☐ Heart Disease	☐ Seizures	☐ Depression	☐ Other
☐ Hypertension	☐ Head Injury	☐ Headaches	

List your medications:

Name	Reason	Amount	Frequency

Primary Care Doctor: _____

ENT Doctor: _____

Medical Specialist: _____

Communication Difficulties

Check ☑ if your hearing loss prevents you from any of the following and if so, describe below:

☐ Hearing in noise or groups
☐ Enjoying your hobbies
☐ Socializing with friends and family
☐ Listening on the telephone
☐ Going to the movies
☐ Understanding conversations in quiet environments
☐ Listening to TV or the radio

_____

_____

_____

How do you compensate for hearing difficulties? _____

_____

Have you ever worn hearing aids? _____ If yes, which ear(s)? _____

_____

Have you sought professional advice for your hearing problem prior to this appointment? _____

If yes, who and when? _____

Additional information

Is there any other information that would be helpful to us to know? _____

_____

_____

_____

_____

9/08