

Rochester Hearing and Speech Center

Rochester Office- 1000 Elmwood Avenue, Suite 400, Rochester, New York 14620 Voice (585)271-0680

Greece Office- 3199 West Ridge Road Suite A, Rochester, New York 14626 Voice (585)723-2140

Webster Office- 1170 Ridge Road Suite 2, Webster, New York 14580 Voice (585)286-9373

ADULT AUDIOLOGY HISTORY UPDATE

Name: _____ DOB: _____ Date: _____

For the questions below, please select all that apply.

1. Have you noticed a change in your hearing? Yes No Not Sure
2. Has a friend/family member noticed a change in your hearing? Yes No Not Sure
3. If you have/or had any of the following, please check all that apply:
 Ear Surgery (R) (L) Pacemaker Family history of Hearing loss
 Ear Injury (R) (L) Dizziness History of noise exposure
 Excessive ear wax (R) (L) Head Injury/TBI Diabetes
 Ear fullness/pain (R) (L) High blood pressure Allergies/sinus problems
 Tinnitus (R) (L) Blood thinners Uses/used Hearing aid
 Balance difficulty Other (Write in comment section below)

Comments: _____

4. If you have not used hearing aids in the past:
 - A. Do you feel you need hearing aids now? Yes No Not Applicable
 - B. Do others feel you need hearing aids? Yes No Not Applicable
 - C. Would you wear hearing aids if recommended? Yes No Not Sure
5. Are you currently wearing hearing aid(s)? Yes No
 - A. Are you generally satisfied with them? Yes No Not Applicable
 - B. When did you get them? _____
6. Which of the following listening situations, if any are a problem for you? If you wear hearing aids, please check the following as it applies to when you are wearing hearing aids.

<input type="checkbox"/> Talking One on One	<input type="checkbox"/> Telephone
<input type="checkbox"/> Classroom/Work	<input type="checkbox"/> Television/Radio
<input type="checkbox"/> Group Conversation	<input type="checkbox"/> Recreational Settings (Examples: Parties, bingo)
<input type="checkbox"/> Soft Speech/Whispers	<input type="checkbox"/> Church/Temple
<input type="checkbox"/> Others: _____	<input type="checkbox"/> None
7. Would you like information about (new) hearing aids? Yes No
If yes, what information would you like: _____
