HSDC
Hearing, Speech & Deaf Center

Artz Communication Center
1625 19th Ave Seattle, WA 98122
206.323.5770, www.hsdc.org

Audiology Case History – EXISTING PATIENT

Client Name: ______________________________

Date of Birth: ____/____/______ Today's Date: ____/____/______

Pronouns: ❑ he/him ❑ she/her ❑ they/them ❑ other: ____________

SINCE YOUR *LAST HEARING EVALUATION*…

Has your hearing declined or changed?
- ❑ No
- ❑ Yes:
  - ❑ Both ears
  - ❑ Right ear
  - ❑ Left ear
  - This started: ____________
- ❑ Not Sure

Has your tinnitus increased or changed?
- ❑ No
- ❑ Yes:
  - ❑ Both ears
  - ❑ Right ear
  - ❑ Left ear
  - This started: ____________
- ❑ Not Sure

Are you having any dizziness?
- ❑ No
- ❑ Yes:
  - ❑ Spinning
  - ❑ unsteadiness
  - ❑ nausea
  - This started: ____________

Are you experiencing any of the following?
❑ No ❑ Ear pressure ❑ Ear pain ❑ Ear drainage
Which ear(s): ________ This started: ____________

Do you have a history of ear infections?
❑ No ❑ Yes (when): ____________
❑ Right ❑ Left ❑ Both

Have you had a burst / ruptured eardrum?
- ❑ No
- ❑ Right ear (when): ____________
- ❑ Left ear (when): ____________

Have you had ear surgery?
- ❑ No
- ❑ Right ear (when): ____________
- ❑ Left ear (when): ____________

Have you had any hazardous noise exposure?
- ❑ No
- ❑ Occupational: ____________
  - ❑ With protection ❑ Without protection
- ❑ Recreational: ____________
  - ❑ With protection ❑ Without protection

Have you had any head injuries / TBIs?
- ❑ No
- ❑ Yes (when & how): ____________

Have you had any major changes in health and/or medications?
- ❑ No
- ❑ Yes: ____________

YOUR DEVICES

Are you experiencing any problems with your devices?
- ❑ I do not wear any
- ❑ Right: ____________
- ❑ Left: ____________

Are you interested in new devices?
- ❑ No
- ❑ Yes (reason): ____________
- ❑ Not sure

ANYTHING ELSE YOU WOULD LIKE THE AUDIOLOGIST TO KNOW