



AUDIOLOGY CASE HISTORY (ADULT)

1. Evaluation Date: _____
 2. Client Name: _____

Client's Address: _____

Clients Phone Number: _____

3. Accompanied by:

Name Relationship

4. Age: _____ Date of Birth: _____

5. File number: _____

6. Primary Clinician: _____

Secondary Clinician: _____

7. Referred by: _____



1. Reason for visit: _____

2. Previous hearing evaluations: _____ Yes _____ No
 Where: _____
 When: _____
 Comments: _____

3. Hearing loss: _____ Yes _____ No
 Ear: _____ Right _____ Left _____ Both
 Is one ear better than the other? _____ Right _____ Left
 Age of onset: _____
 Progressive? _____ Yes _____ No



Comments: _____

4. Family History of Hearing Loss:

Relationship	Age of Onset
_____	_____
_____	_____
_____	_____

Comments: _____

5. History of Ear Infections:

Ear:	_____ Right	_____ Yes _____ Left	_____ No _____ Both
Age of Onset:	_____		
Drainage?	_____ Yes	_____ No	
Pain?	_____ Yes	_____ No	
Treatment:	_____		
Comments:	_____		

6. Ear Surgery:

Ear:	_____ Right	_____ Yes _____ Left	_____ No _____ Both
Date(s):	_____		
Type(s):	_____		
Comments:	_____		

7. Tinnitus:

Ear:	_____ Right	_____ Yes _____ Left	_____ No _____ Both
Description:	_____		
Intensity:	_____		
Intermittent or constant?	_____		
Comments:	_____		

8. Dizziness:

Description: _____

Position related? _____

Nausea? _____

Time of Onset? _____

Frequency? _____

Has medical consultation been obtained? ___ Yes ___ No

Comments: _____

9. Head Injuries:

Date(s): _____

Loss of consciousness? _____

Hearing affected? _____

Comments: _____

10. Illnesses: (e.g., diabetes, kidney, circulatory/heart, infections)

11. Medications: _____

12. Noise Exposure History? If so, what happened, when did it happen and was Hearing Protection Worn?

13. Hearing Aid Use:

Ear Fitted: ___ Right ___ Left ___ Both

First Worn: _____

Period Worn: _____

Benefit: _____

Comments: _____

14. Do you turn up the television volume to a loud level? _____

15. Do you have difficulty understanding speech on the telephone? _____

16. To your knowledge, have you ever taken a medication that might affect your hearing?

