

Communication Sciences and Disorders
JMU Audiology Clinic
235 Martin Luther King Jr. Way, MSC 4304
Harrisonburg, VA 22807
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ADULT AUDIOLOGIC CASE HISTORY

The information you provide will enable us to have better understanding your concerns involved and will expedite the course of the speech/hearing evaluation and interviews. All material and information is kept in strict confidence.

Date: _____ License Plate # (to issue parking pass) _____

Name: _____ Birthdate: _____ Age: _____

Address: _____

Telephone: _____ Email (please print) _____

Employment: _____ Affiliation with JMU _____

Referred by: _____

Reason for today's visit: _____

What is your major concern regarding your hearing? _____

Are you considering hearing aids? YES NO

MEDICAL HISTORY

When did you first notice your hearing loss? _____

Was the onset gradual or sudden? _____

Has your hearing loss remained steady or has it progressed or gotten better? _____

Is your hearing loss in one or both ears? _____ If one, which one? _____

Have you ever had any ear infections? YES NO When? _____

Have you ever had surgery on your ears? YES NO Which ear? RIGHT LEFT?
When? _____

Do you currently have any ear pain or drainage? YES NO

Are you now or have you ever experienced dizziness? YES NO When? _____

Do you have noises in your ears? YES NO

Describe: _____

Have you ever had head trauma? YES NO

Any other significant injuries? YES NO Describe: _____

What medications are you currently taking? (You may list on the back of this page, if necessary) _____

Are you under any stress? YES NO

Have you ever had any of the following? (Circle those that apply)

Severe Infection Diabetes Stroke/TIA Meningitis Rubella

High Fever Mumps Syphilis Scarlet Fever Arthritis Chemotherapy

Any family history of hearing loss? YES NO

HEARING LOSS INFORMATION

Have you ever had a hearing test? YES NO If yes, please bring results if possible.

Have you ever been exposed to loud sounds? YES NO

If yes, how long and what kind? _____

Do you have difficulty understanding in noisy situations? YES NO

Circle all that apply: I have difficulty hearing...

Telephone Television Children's voices Women's voices

Men's voices Church Meetings Restaurants Work

How do you compensate for your hearing loss? _____

Do you currently wear hearing aids? YES NO

What is the make? _____ Model? _____

Ear? Right Left Both

Are you happy with the benefits you are receiving from your current amplification?

Do you use any Assistive devices? (Telephone amplifier, etc.) YES NO

NOTES