



Patient Name: _____ Date of Birth: _____ Today's Date: _____

Medical Intake

What is the reason for your visit today? _____

Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim, or any other legal action in relation to your hearing, tinnitus, or today's appointment?

☐ No

☐ Yes, if so, please explain: _____

There are several genetic, medical and lifestyle factors that increase the risk of developing hearing loss and tinnitus. Hearing loss, when left untreated, can also lead to a host of other comorbid medical conditions. Please complete this form in its entirety to the best of your ability and review with your hearing healthcare provider.

Direct Risk Factors of Hearing Loss and Tinnitus

Age: *The primary risk factor for hearing loss & tinnitus is your age. Age-related hearing loss can begin in a person's 40's and 50's.*

Please indicate which age category you are in:

☐ Between the ages of 30-60 y/o. (>10% of people have disabling hearing loss)

☐ Between the ages of 60-70 y/o. (~50% of people have disabling hearing loss)

☐ Between the ages of 70-80 y/o. (~66% of people have disabling hearing loss)

☐ Over the age of 80 y/o. (>80% of people have disabling hearing loss)

Genetics: *Genetics can greatly increase your predisposition to developing hearing loss and tinnitus.*

Has anyone else in your family experienced hearing loss or tinnitus?

☐ No / unknown

☐ Yes

If so, please list their relationship to you: _____

Noise Exposure: *Exposure to noise at high intensities can be detrimental to the ear and impacts our ability to process words.*

Please check the situations below that you have been exposed to:

☐ Firearms

☐ Noisy hobbies

☐ Concerts or sporting events

☐ Explosions

☐ Power tools

☐ Noisy jobs: _____

☐ Military service

☐ Machinery or motors

☐ Other: _____

Do you ever wear / have you ever worn hearing protection, noise canceling devices or earplugs?

☐ No

☐ Yes

If so, when / under what circumstances? _____

Medications: *Pharmaceuticals can affect the ear and result in hearing loss and tinnitus.*

Please check the medications and/or treatments you have been exposed to:

☐ Chemotherapy, radiation or other cancer treatments

☐ Aminoglycoside antibiotics (i.e. azithromycin / Z-Pack, streptomycin, and medications that end with 'mycin')

☐ Fluoroquinolones (i.e., ciprofloxacin / Cipro)

☐ Long-term use of aspirin, naproxen / Aleve, ibuprofen / Advil, or acetaminophen / Tylenol

Please list all current medications: _____

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Medical Intake Questionnaire Continued

Comorbid Medical Conditions

Hearing loss and tinnitus can have a significant impact on a person's social, emotional, physical and cognitive health. Many common health conditions significantly increase the risk of hearing loss and tinnitus.

Please check all of the medical conditions you are currently managing or are concerned about:

- ☐ Diabetes or pre-diabetes
- ☐ Kidney disease (i.e., chronic kidney disease, kidney infections, kidney stones, cysts or cancer)
- ☐ Autoimmune disease (i.e., rheumatoid arthritis, lupus), thyroid disease (i.e., hyper- or hypothyroidism, cancer, etc.)
- ☐ Cardiovascular disease (i.e., hypertension, arrhythmia and / or history of stroke, heart valve complications or heart attack)
- ☐ Have or expect to receive any active implantable medical devices
- ☐ History of smoking
- ☐ Head or neck trauma (i.e., history of concussion or loss of consciousness)

Sound Sensitivity: *Hyperacusis and/or sensitivity to loud sounds is a common symptom of hearing loss.*

Are there any sounds that bother you that don't seem to bother other people?

- ☐ No
- ☐ Yes, if so, what sounds? _____

Cognitive Decline: *Untreated hearing loss and tinnitus can increase the risk of dementia by 200-500%.*

Please check all that apply:

- ☐ I have concerns about memory loss or developing dementia
- ☐ I have a family history of cognitive decline or dementia

Mental Health Concerns: *Untreated hearing loss and tinnitus increase the rates of depression, isolation and loneliness.*

Please check all that apply:

- ☐ Experiencing feelings of sadness or depression
- ☐ Feeling 'on edge' or stressed lately
- ☐ Feeling lonely
- ☐ I find myself isolating from others (i.e., saying 'no' to invitations from others)

Falls: *Untreated hearing loss and tinnitus can significantly increase your risk of a traumatic fall.*

Please check all that apply:

- ☐ I experience / have experienced vertigo or dizziness
- ☐ I have fallen in the past 12 months
- ☐ I am concerned about falling

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Medical Intake Questionnaire Continued

Otologic History

Difficulty Hearing

Please check all experiences that apply:

- | | |
|---|--|
| <input type="checkbox"/> Missing parts of what other people are saying (i.e., you sometimes miss the beginning or the end of a conversation / word) | <input type="checkbox"/> Difficulty hearing clearly on the phone |
| <input type="checkbox"/> Increased difficulty following a conversation in background noise | <input type="checkbox"/> Difficulty hearing at church or large gatherings |
| <input type="checkbox"/> My family / friends tell me I often need the TV louder than others | <input type="checkbox"/> I hear better in my right ear than my left ear |
| <input type="checkbox"/> People around me tend to mumble a lot | <input type="checkbox"/> I hear better in my left ear than my right ear |
| | <input type="checkbox"/> I currently wear a hearing aid or hearing aids |
| | <input type="checkbox"/> I have previously been prescribed hearing aids but I do not currently wear them |

How long have you been experiencing difficulties with hearing clearly?

- ☐ Past 90 days
☐ 1-3 Years
☐ 4-7 Years
☐ >10 Years

Otologic Symptoms

Please check all symptoms that you experience:

- ☐ Deformity of the ear(s)
☐ Drainage from the ear(s)
☐ Sudden or rapid loss of hearing
☐ Feeling of pressure or fullness in your ear(s)
☐ Pain in your ear(s)
☐ Fluctuations in hearing (i.e., hearing significantly better / worse some days than others)
☐ I have previously seen a provider specializing in disorders of the ear or auditory system and/or had my hearing tested

If so, give a date and briefly explain: _____

- ☐ I have previously undergone surgery of the head or ear(s)

If so, type of surgery: _____, by whom: _____, date of surgery: _____

Please **rank** the auditory problems you experience from most troublesome (1) to least troublesome (3):

- ____ Hearing loss
____ Tinnitus
____ Sensitivity to sounds

Please list **all other** medical history that you are or have been diagnosed with or treated for by a physician: _____

Is there anything else you would like us to know? _____

Thank you for completing this form!