MODERN AUDIOLOGY
CENTENNIAL

Complete the following information prior to your appointment.

Please email to info@modernaudiology.com or bring to your scheduled appointment.

CASE HISTORY

Patient Name: _____

1. What is your primary concern? _____
2. What do you think caused your hearing problem? _____
3. If you have a hearing loss, how long have you noticed it? _____
4. Which is your worse ear? Left: _____ Right: _____ No Difference: _____
5. How important is it for you to improve your hearing, understanding, or communicative ability?

0 (Not at all important) (Extremely important) 10

Hearing History

1. Have you had your hearing tested before? Yes _____ No _____
2. Any drainage from the ear(s) within the past 90 days? Yes _____ No _____
3. Have you experienced any dizziness, balance problems, or falls? Yes _____ No _____
4. Have you had any pain/discomfort in your ear(s)? Yes _____ No _____
5. Do you have any noises (ringing, buzzing, etc.) in your ears? Yes _____ No _____
6. Have you received any medical or surgical treatment for hearing loss? Yes _____ No _____
7. Have you ever been exposed to loud noise? Yes _____ No _____
8. Is there a history of hearing loss in your immediate family? Yes _____ No _____

If yes, who: _____

Scott W. DeWitt, Au.D. • Zachary A. Zells, Au.D.
Doctors of Audiology

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9. Medical problems (check all that apply):

Infectious disease _____	High blood pressure _____	Diabetes _____
Head injury _____	Use of pain medications _____	Heart Problems _____
Kidney failure _____	Pacemaker/Defibrillator _____	Headache _____

Other (please explain): _____

10. Have you ever worn a hearing aid(s)? Yes _____ No _____

11. How confident are you in your own ability to use and take care of hearing aids (if recommended)?

0 (Not at all confident) (Extremely confident) 10

12. Select all that apply:

_____ I have been thinking I might need hearing aids.

_____ I am comfortable with the idea of wearing hearing aids.

_____ I have started to seek information about hearing aids

_____ I am ready to wear hearing aids if they are recommended.

Other comments or questions:

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