



**Have you had?**

**Excessive noise exposure, ever** Y N  
**Military**\_\_\_ **Hunting** \_\_\_ **Work**\_\_\_ **Lawn care** \_\_\_ **Power Tools**\_\_\_ **Music**\_\_\_

**Describe**\_\_\_\_\_

**Drainage from your ears in the last 90 days** Y N  
**Sudden hearing loss in the last 90 days** Y N  
**Unilateral hearing loss in the last 90 days** Y N **Right or Left**  
**Ear Surgery** Y N  
**If yes, when**\_\_\_\_\_ **Reason** \_\_\_\_\_  
**Physician who performed surgery**\_\_\_\_\_ \_\_\_\_\_  
**CT/MRI Scans related to hearing issues** Y N  
**If yes, when**\_\_\_\_\_ **Facility** \_\_\_\_\_  
**Family history of hearing loss, whom** Y N \_\_\_\_\_  
**Type of hearing loss, if known**\_\_\_\_\_

**Hearing Aid History**

**Have you had your hearing previously evaluated?** Y N  
**When** \_\_\_\_\_ **By whom** \_\_\_\_\_ **Results** \_\_\_\_\_

**How long has your hearing been bothersome?** \_\_\_\_\_

**Is one ear worse than the other?** Y N **If yes, Right**\_\_\_\_\_ **Left**\_\_\_\_\_

**Do you now or in the past wear/worn hearing aids?** Y N **When?** \_\_\_\_\_  
**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Style** \_\_\_\_\_ **Binaural/Monaural**  
**Dispenser**\_\_\_\_\_

**Experience with hearing aids?** \_\_\_\_\_

**Are you familiar with the levels and styles of hearing aids?** Y N  
**Are you familiar with any Hearing Aid Manufacturers?** Y N  
**Do you have any coverage for hearing aids?** Y N  
**Would you like us to check coverage for you?** Y N  
**Do you have a budget you need to work within?** Y N

