NORTHWEST
HEARING + TINNITUS

TINNITUS AND HEARING HEALTH HISTORY

Name: _____ Date: _____

1. Have you ever had a hearing test before? ☐ Yes ☐ No
   If "Yes", When? _____ Where? _____
   If "Yes", were you told that you had a hearing loss at that time? ☐ Yes ☐ No
2. Check how you believe you hear: ☐ Good ☐ Fair ☐ Poor
3. Does anyone else feel you have a hearing problem? ☐ Yes ☐ No If yes, who? _____
4. If you think you have a hearing loss, how long have you noticed it? _____
5. Please list the situations you have difficulty hearing/want to see improvement in?
   1. _____
   2. _____
   3. _____
6. Have you had or have any of the following: (Please check if yes)

☐ Exposure to noise — If yes, when? _____ What sort of noise? _____
☐ Ringing in ears/tinnitus — Explain: _____
   Is the tinnitus in your ☐ Right ear ☐ Left ear ☐ Both ears?
☐ Ear infections — If yes, when? _____
☐ Ear surgery — If yes, when? _____ What kind? _____
☐ TMJ — If yes, do you wear a mouthguard? ☐ Yes ☐ No
☐ Concussion — If yes, when? _____ How many? _____
☐ Head/Neck/Back Injuries — Explain: _____
☐ Previous Surgeries — List: _____
☐ Light sensitivity ☐ Punctured eardrum ☐ Sudden hearing loss
☐ Fluctuating hearing ☐ Pressure or fullness in ear ☐ Dizziness
☐ Migraine ☐ Diabetes ☐ Cancer _____

7. What medications are you taking now? (Excluding vitamins) _____
   _____
8. Do you have any blood relatives with hearing loss? ☐ Yes ☐ No
9. Have you ever worn hearing aids? ☐ Yes ☐ No
10. Do you wear hearing aids now? ☐ Yes ☐ No
    When and where did you get your hearing aids? _____
    What problems are you having with your hearing aids? _____
    _____
    _____
11. What are your goals for today's appointment?
    _____
    _____