Lakeside Audiology and Hearing Solutions, LLC

NAME:_____

What brought you here today? _____

What have you noticed about your hearing? _____

If you're having difficulty hearing, when do you believe the hearing loss began?

_____

Does your hearing problem affect both ears or just one ear?_____

Has your difficulty with hearing been gradual or sudden? _____

Do you have ringing (tinnitus) in your ears? _____

Do you have a history of ear infections? _____

Have you noticed any pain in your ears or any discharge from your ears?_____

Do you experience dizziness?_____

Is there a family history of hearing loss? _____

Do people comment on the volume setting of your television?_____

Has someone said that you speak too loudly in conversation?_____

Do you frequently have to ask people to repeat? _____

Do you hear people speaking but can't understand what is being said?

_____

Do you have any history of exposure to noise at home … at work … in recreational activities … in the military? _____

Are there situations where it is particularly difficult for you to follow a conversation, such as a noisy restaurant, the theater, in a car, or in large groups?

_____