

HEARING HEALTH HISTORY

About You

Patient Name: Today's Date:

Date of Birth: Male Female

Address:

City: State: Zip:

Phone Alternative Phone:

Email:

Occupation: Past Present

Marital Status: Single Married Widowed Name of Guest:

Name of Physician: Location:

Permission to release test information to your physician?: Yes No Signature

Primary Health Ins: Policy (ID#): Group#:

Secondary Health Ins: Policy (ID#): Group#:

How did you hear about us? Mail Phone Newspaper Yellow Pages Website
 Television Sign Other

If you were referred to us, who may we thank?

Amplification History

Do you currently wear hearing aids? No Left Ear Right Ear

Make: Model: Date Fitted:

Make: Model: Date Fitted:

If you could improve something about your current hearing instruments, what would it be?:

Notice of Privacy Practices

We are committed to our patients right to privacy. All information regarding your condition, diagnosis or treatment is strictly confidential and will only be released with your written consent to your primary care physician, family, friends, employers, attorneys or insurance companies.

By my signature below, I hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

I have read, understand and I have had an opportunity to ask questions about the use and disclosure of my protected health information, and other concerns regarding my protected health information.

Signature of Patient (or patient's representative) Date

Legal authority of representative

HEARING HEALTH HISTORY

Your Hearing Health History

Allergies?: Are you an insulin-dependent diabetic?:

Please list any medications you are currently taking:

Do you have any ringing in your ears?: Right Ear Left Ear For how long?:

Have you previously had a hearing test?: Yes No If so, when?:

Have you received any medical or surgical treatment for a hearing loss?: Yes No

If Yes, when?: Physician/ENT:

Additional information about treatment:

Any visible congenital or traumatic deformity of the ear?:

Visible evidence of significant cerumen accumulation or a foreign body in the ear canal?:

Any history of, or active drainage from, the ear within the previous 90 days?: Yes No

Any history of sudden or rapidly progressive hearing loss within the previous 90 days?: Yes No

Have you experienced any acute or chronic dizziness?: Yes No

Have you experienced any pain or discomfort?: Right Ear Left Ear

Audiometric air-bone gap equal to, or greater than, 15 dB at 500 Hz, 1000 Hz and 2000 Hz?: Yes No

Communication Assessment

Do you have difficulty hearing and/or understanding speech?:

If yes, do you know what caused your hearing loss?

In which environments do you have difficulty hearing?:

Do others perceive that you have difficulty hearing? Whom?

How long have you noticed difficulty with your hearing?:

Do you hear well on the telephone?

Do you use a special amplified telephone? For which ear?

Who encouraged you to come in today to see our hearing professional?

Would you wear a hearing aid if it helped? Is the size of the instrument important?:

What is it about NOW, that has encouraged you to make a positive decision about your hearing?

Hearing Care Professional..... Lic. #:

Office Location:

HEARING HEALTH HISTORY

Patient's Test Results

Patient's Name:

Date of Birth: Date of Evaluation:

Degree of Loss:

R No Loss Mild Moderate Severe Profound Un-aidable

L No Loss Mild Moderate Severe Profound Un-aidable

Type of Loss:

R Sensorineural Conductive Mixed Other

L Sensorineural Conductive Mixed Other

Shape of Loss:

R High Freq. Rev. Slope Cookie Bite Flat Sloping

L High Freq. Rev. Slope Cookie Bite Flat Sloping

Company:

Address:

City, State, Zip

Ph:

Fax:

Speech Audiometry

	SRT	SDS	MCL	UCL
R	dB	%	dB	dB
L	dB	%	dB	dB
Bi	dB	%	dB	dB
SF	dB	%	dB	dB

Acoustic Reflex

Probe Ear	STML Ear (Model)	500Hz	1000Hz	2000Hz	4000Hz
R	Rt. (PSI)				
	Lt. (Contra)				
L	Rt. (PSI)				
	Lt. (Contra)				

Acoustic Impedance Audiometry

Probe Ear	Mid. Ear Pressure (MM H2O)	TM Mobility	Static Meas.	Type
R				
L				

Recommendations

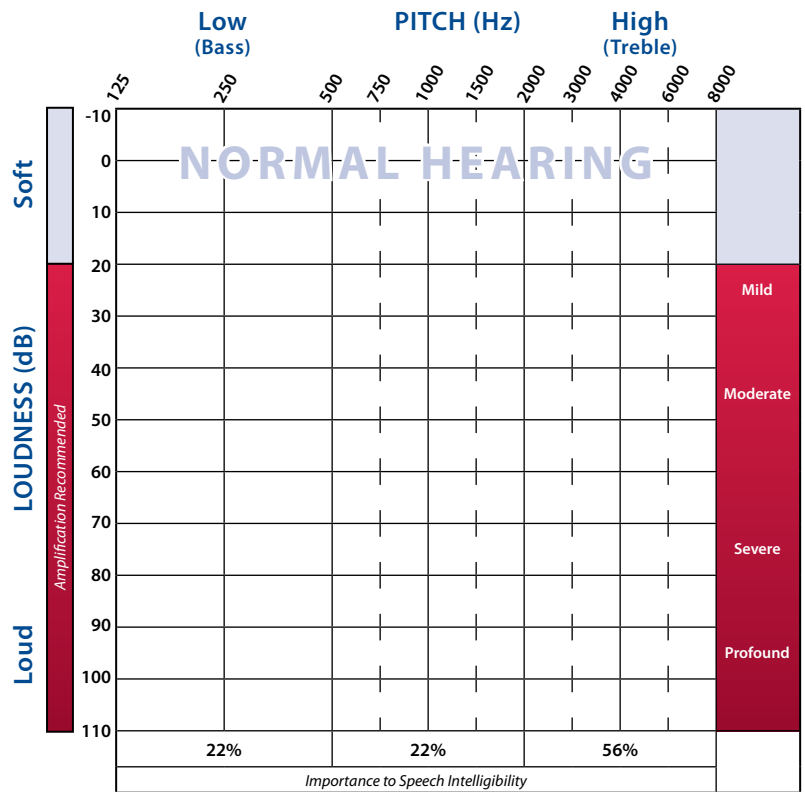
Referral:

- ENT
- Physician
- Speech Path.
- Audiologist
- Other

Treatment:

- Aural Rehab
- Further Testing
- D/C from Audiology
- Trial use w/ Amplifications
- Other

	R	L
Air Unmasked	○	×
Air Masked	△	□
Bone Unmasked	<	>
Bone Masked	[]
No Response at Maximum		↓
Warble Tone		W



Audiology Summary

Examiner Name: Lic. #:

Examiner Signature: Date:

HEARING HEALTH HISTORY

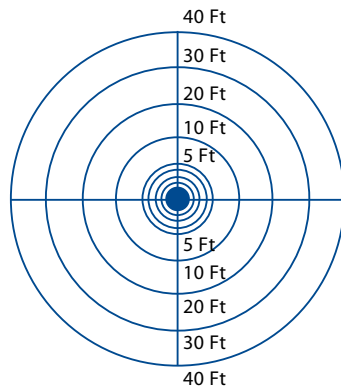
Spondaic Words

- | | | |
|--------------|---------------|----------------|
| 1. greyhound | 11. sidewalk | 21. cowboy |
| 2. schoolboy | 12. hotdog | 22. northwest |
| 3. inkwell | 13. padlock | 23. oatmeal |
| 4. whitewash | 14. mushroom | 24. airplane |
| 5. pancake | 15. hardware | 55. woodwork |
| 6. mousetrap | 16. workshop | 26. drawbridge |
| 7. eardrum | 17. horseshoe | 27. railroad |
| 8. headlight | 18. armchair | 28. toothbrush |
| 9. birthday | 19. baseball | 29. grandson |
| 10. duckpond | 20. stairway | 30. Farewell |

Phonetically Balanced

- | | | | |
|-----------|-----------|-----------|-----------|
| 1. an | 26. you | 51. carve | 76. dad |
| 2. yard | 27. as | 52. wire | 77. stove |
| 3. carve | 28. wet | 53. felt | 78. ache |
| 4. us | 29. chew | 54. thing | 79. us |
| 5. day | 30. see | 55. knees | 80. him |
| 6. toe | 31. deaf | 56. poor | 81. knot |
| 7. felt | 38. me | 57. owl | 82. me |
| 8. stove | 39. none | 58. law | 83. it |
| 9. hunt | 40. jam | 59. there | 84. see |
| 10. ran | 41. poor | 60. give | 85. earn |
| 11. knees | 42. him | 61. what | 86. true |
| 12. Knot | 43. skin | 62. chew | 87. bath |
| 13. mew | 32. them | 63. as | 88. you |
| 14. low | 33. give | 64. twins | 89. wet |
| 15. owl | 34. True | 65. isle | 90. could |
| 16. it | 35. isle | 66. ace | 91. them |
| 17. she | 36. or | 67. deaf | 92. high |
| 18. high | 37. law | 68. she | 93. or |
| 19. there | 44. east | 69. none | 94. low |
| 20. earn | 45. thing | 70. mew | 95. jam |
| 21. twin | 46. dad | 71. skin | 96. ran |
| 22. could | 47. up | 72. hunt | 97. east |
| 23. what | 48. bells | 73. up | 98. toe |
| 24. bathe | 49. wire | 74. day | 99. bells |
| 25. ace | 50. ache | 75. an | 100. yard |

Distance Test



snitch then else cap thin carve screech
sage chew twins deaf ache bathe teach

Spondaic Words

- | | | |
|--|-----------------|-----|
| 1. Fill the <u>ink jar</u> with <u>sticky glue</u> . | _____ | S/N |
| 2. He <u>smokes</u> a <u>big pipe</u> with <u>strong contents</u> . | _____ | 15 |
| 3. We <u>need grain</u> to <u>keep our mules healthy</u> . | _____ | |
| 4. <u>Pack the records</u> in a <u>neat thin case</u> . | _____ | |
| 5. The <u>crunch of feet</u> in the <u>snow</u> was the <u>only sound</u> | _____ TOT _____ | |
| 6. The <u>copper bowl shone</u> in the <u>sun's rays</u> . | _____ | 10 |
| 7. <u>Boards will warp</u> unless <u>kept dry</u> . | _____ | |
| 8. The <u>plush chair leaned</u> <u>against</u> the <u>wall</u> . | _____ | |
| 9. <u>Glass will clink</u> when <u>struck by metal</u> . | _____ | |
| 10. <u>Bathe</u> and <u>relax</u> in the <u>cool green grass</u> . | _____ TOT _____ | |
| 1. <u>Nine rows of soldiers</u> stood in <u>line</u> . | _____ | S/N |
| 2. The <u>beach is dry</u> and <u>shallow</u> at <u>low tide</u> . | _____ | 5 |
| 3. The <u>idea</u> is to <u>sew both edges straight</u> . | _____ | |
| 4. The <u>kitten chased</u> the <u>dog down</u> the <u>street</u> . | _____ | |
| 5. Pages bound in cloth make a book. | _____ TOT _____ | |
| 6. <u>Try to trace</u> the <u>fine lines</u> of the <u>painting</u> . | _____ | 0 |
| 7. <u>Women form less</u> than <u>half</u> of the <u>group</u> . | _____ | |
| 8. The <u>zones merge</u> in the <u>central part</u> of <u>town</u> . | _____ | |
| 9. A <u>gem</u> in the <u>rough</u> needs <u>work</u> to <u>polish</u> . | _____ | |
| 10. <u>Code</u> is <u>used</u> when <u>secrets</u> are <u>sent</u> . | _____ TOT _____ | |
| 1. <u>Most</u> of the <u>news</u> is <u>easy</u> for <u>us</u> to <u>hear</u> . | _____ | S/N |
| 2. He <u>used</u> the <u>lathe</u> to <u>make brass objects</u> . | _____ | 15 |
| 3. The <u>vane</u> on <u>top</u> of the <u>pole</u> <u>revolved</u> in the <u>wind</u> . | _____ | |
| 4. <u>Mince pie</u> is a <u>dish served</u> to <u>children</u> . | _____ | |
| 5. The <u>clan gathered</u> on <u>each dull night</u> . | _____ TOT _____ | |
| 6. <u>Let it burn</u> , it gives us <u>warmth</u> and <u>comfort</u> . | _____ | 10 |
| 7. A <u>castle built</u> from <u>sand</u> fails to <u>endure</u> . | _____ | |
| 8. A <u>child's wit</u> saved the <u>day</u> for <u>us</u> . | _____ | |
| 9. <u>Tack the strip</u> of <u>carpet</u> to the <u>worn floor</u> . | _____ | |
| 10. <u>Next Tuesday</u> we must <u>vote</u> . | _____ TOT _____ | |
| 1. <u>Pour the stew</u> from the <u>pot</u> into the <u>plate</u> . | _____ | S/N |
| 2. <u>Each penny</u> shone like <u>new</u> . | _____ | 5 |
| 3. The <u>man went</u> to the <u>woods</u> to <u>gather sticks</u> . | _____ | |
| 4. The <u>dirt piles</u> were <u>lined along</u> the <u>road</u> . | _____ | |
| 5. The logs fell and tumbled into the clear stream. | _____ TOT _____ | |
| 6. <u>Just hoist it up</u> and <u>take it away</u> . | _____ | 0 |
| 7. A <u>ripe plum</u> is <u>fit</u> for a <u>king's palate</u> . | _____ | |
| 8. Our <u>plans right now</u> are <u>hazy</u> . | _____ | |
| 9. <u>Brass rings</u> are <u>sold</u> by <u>these natives</u> . | _____ | |
| 10. It <u>takes</u> a <u>good trap</u> to <u>capture</u> a <u>bear</u> . | _____ TOT _____ | |

Demonstration

Demonstrated Amplification/Technology

Demonstrated Binaural Advantage

Evaluation Results

Check One: Test with Loss Test No Loss Medical Referral

Recommendations:

Left Hearing Instrument: Right Hearing Instrument:

Comments: