Hearing Health Assessment
New Patients

SOUTHSOUND AUDIOLOGY

Patient Name: _____ Date: _____

General History

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

How long ago did you start to notice a decline in your hearing?

☐ Within past 90 days ☐ 1–3 years ☐ 4–6 years ☐ 7–10 years ☐ 10+ years

Have you ever used assistive listening devices? ☐ Yes ☐ No

Do you suffer from acute or chronic dizziness? ☐ Yes ☐ No

Has anyone in your family suffered hearing loss? ☐ Yes ☐ No If yes, who? _____

Medical History

☐ Diabetes ☐ Radiation therapy to local area ☐ Compromised immune system

☐ Cognitive ability ☐ Chemotherapy within 6 months ☐ TMJ

Allergies to any medications, plastics, etc.? _____

Current medications (i.e., blood thinners) _____

Have you ever had ear surgery? ☐ Yes ☐ No If yes, which ear? ☐ Right ☐ Left

Type _____

Do you have regular MRIs? ☐ Yes ☐ No

Please list all major surgeries and illnesses (past 10 years) _____

_____

		Right Ear	Left Ear
INTERVIEW	Patient Experience	☐ Poor hearing ☐ Telephone ☐ Ringing ☐ Pain/discomfort ☐ Drainage (past 90 days) ☐ Excessive noise exposure	☐ Poor hearing ☐ Telephone ☐ Ringing ☐ Pain/discomfort ☐ Drainage (past 90 days) ☐ Excessive noise exposure
EXAMINATION	Audiometric Range	☐ Within range ☐ Out of range	☐ Within range ☐ Out of range
	Middle Ear & Outer Ear	☐ TM perforation ☐ PE tube ☐ Osteoma ☐ Cholesteatoma ☐ Malformation ☐ Exostosis ☐ Cerumen buildup ☐ Keratosis obturans ☐ Chronic or acute drainage	☐ TM perforation ☐ PE tube ☐ Osteoma ☐ Cholesteatoma ☐ Malformation ☐ Exostosis ☐ Cerumen buildup ☐ Keratosis obturans ☐ Chronic or acute drainage
	Skin Condition	☐ Contact dermatitis ☐ Chronic external otitis ☐ Thin, dry skin; risk of trauma	☐ Contact dermatitis ☐ Chronic external otitis ☐ Thin, dry skin; risk of trauma
	Ear Geometry	☐ Too narrow ☐ Vertical step ☐ Ant/post bulge ☐ V-shaped	☐ Too narrow ☐ Vertical step ☐ Ant/post bulge ☐ V-shaped

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In our professional experience, we have found that many of our patients describe hearing loss as the perception of Sound Voids, moments lacking clarity in hearing or understanding. This affects not only their normal daily routines but the lives of those around them. We would like to ask you a few situational questions to better understand your listening lifestyle and how we might improve your quality of life.

	Frequently	Sometimes	Rarely
When using the telephone, how often are you experiencing Sound Voids?	☐	☐	☐
When watching television, how often are you experiencing Sound Voids?	☐	☐	☐
When in restaurants, how often are you experiencing Sound Voids?	☐	☐	☐
How often are Sound Voids limiting or hampering your social or personal life?	☐	☐	☐
How often do Sound Voids cause you to ask someone to repeat themselves?	☐	☐	☐
When in the presence of background noise, how often are you experiencing Sound Voids?	☐	☐	☐
When listening to women's or children's voices, how often are you experiencing Sound Voids?	☐	☐	☐
How often are Sound Voids causing you to hear people speak but not understand what they are saying?	☐	☐	☐
How often are Sound Voids causing you to feel as though other people are mumbling?	☐	☐	☐
How often are Sound Voids causing you to feel stressed or tired after listening for long periods of time?	☐	☐	☐

Please provide the top three listening situations where you would like to hear better.

☐ Driving ☐ Outdoors ☐ Telephone ☐ Family
☐ Religious ☐ Television ☐ Meetings ☐ Restaurant
☐ Travel ☐ Music ☐ Social ☐ Other: _____

Below are four listening lifestyles that range from frequent to rare background noise you might experience throughout your day. When you think about your daily activities, in addition to your less frequent but important activities, which lifestyle best describes you now and where you'd like to be?

Please select your current lifestyle and your desired lifestyle.

Active Lifestyle (Frequent Background Noise)
☐ Current ☐ Desired

Casual Lifestyle (Occasional Background Noise)
☐ Current ☐ Desired

Quiet Lifestyle (Limited Background Noise)
☐ Current ☐ Desired

Very Quiet Lifestyle (Rare Background Noise)
☐ Current ☐ Desired

Notes: _____