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2510 Airpark Drive, STE C #101, Redding CA 96001

Which ear is your better ear? Right/Left

Did your hearing loss happen suddenly or gradually?

NOISE EXPOSURE HISTORY:

Employment History:

____

____

Is there any other noise exposure history?

Specify __________________

Do you have any noisy hobbies? Yes No

Ear Infections? Yes No

Specify __________________

Military Experience? Yes No

Branch __________ Duration __________

Do you use firearms? Yes No

Right Handed Left Handed

DO YOU HAVE:

Ringing/ Tinnitus Yes No

Describe: __________________

Pressure/Fullness: Yes No

If yes, Right or Left

Allergies? Yes No
Dizziness? Yes No

Describe: ________________________

Drainage/Discharge Yes No

Right/ Left

How often? ________________

Family history of hearing loss? Yes No
who: ____________________________

Fluctuation in hearing? Yes No

Head Injury? Yes No

Surgery/ Major illness? Yes No

List: _________________________

____

____

Kidney and/or liver disease? Yes No

Diabetes Yes No

List of active medications? ____________

____

Ear Surgery? Yes No

____

HEARING AID USE (IF APPLICABLE)

____

Is this visit the result of an injury?
Yes No

Signed: ____________________________