HACKENSACK AUDIOLOGY
& HEARING AID ASSOCIATES

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Name:	Date of Birth:	Phone Number:
Mailing Address:		Email Address:
Occupation (Past/Present):	Gender:	Primary Language:
Primary Care Physician:		Referred by:

AUDIOLOGICAL HISTORY

Do you have a problem hearing? Yes No

Which ear is worse? (circle one) Left Right Same

Was the hearing loss: (circle one) Sudden Gradual

Have you ever worn hearing aids? Yes No

Do you experience fullness in your ears? Yes No

Do you have noises or ringing in the ears? Yes No

Did you have chronic ear infections as a child or adult? Yes No

Do you have vertigo (dizziness)? Yes No

Have you ever been exposed to loud noise? Yes No

Do you have a family history of hearing loss? Yes No

Have you ever had ear surgery? Yes No

If yes, please explain _____

MEDICAL HISTORY

Please circle if you had or currently have any of the following:

High Blood Pressure	Heart Disease	Stroke
Arthritis	Diabetes	Kidney Disease
Cancer	Mumps	Measles
Meningitis	Head Trauma	Hypertension
Dizziness/ Vertigo	Use of Tobacco	

Please circle the answer to the following questions:

Are you currently being treated for an emotional illness, behavioral illness, depression or substance abuse?	**Yes**	**No**
Any recent <u>change</u> in your functioning or behavior (acting out or irritability)?	**Yes**	**No**
Have you felt down, depressed, or *hopeless* in the past month?	**Yes**	**No**

Please list any medications that you take:

_____

_____

HEARING DIFFICULTY QUESTIONNAIRE

Indicate your ability to hear in the following listening situations and rate the importance of that listening situation to you. Circle the appropriate numbers in each column.

LISTENING SITUATION	HEARING QUALITY					IMPORTANCE TO YOU		
	POOR				NORMAL	NOT	SOMEWHAT	VERY
QUIET (1 on 1 conversation)	1	2	3	4	5	1	2	3
TELEVISION	1	2	3	4	5	1	2	3
RESTAURANT	1	2	3	4	5	1	2	3
CHURCH	1	2	3	4	5	1	2	3
MEETING/GROUPS	1	2	3	4	5	1	2	3
WORK PLACE	1	2	3	4	5	1	2	3
TELEPHONE	1	2	3	4	5	1	2	3
CAR	1	2	3	4	5	1	2	3
MALE VOICE	1	2	3	4	5	1	2	3
FEMALE VOICE	1	2	3	4	5	1	2	3
CHILD'S VOICE	1	2	3	4	5	1	2	3
OTHER (please explain)	1	2	3	4	5	1	2	3