



**AUDIOLOGY AND  
HEARING AID CENTER  
OF GAINESVILLE**

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**ADULT CASE HISTORY**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Primary Reason for Today's Visit:** \_\_\_\_\_

**HEARING**

Do you have any problems with hearing?    yes / no

Please describe: \_\_\_\_\_

For how long?    \_\_\_ years    \_\_\_ months

Did the hearing loss begin gradually or was it sudden? \_\_\_\_\_

Have you ever had your hearing tested?    yes / no

If yes, when was your last test and what were the results? \_\_\_\_\_

Do you have a history of ear infections?    yes / no

If yes, how many in one year? \_\_\_\_\_

Have you ever been evaluated by an ENT/otolaryngologist (ear doctor)?    yes / no

If yes, please explain: \_\_\_\_\_

Do you have ear pain?    yes / no

Do you have ear drainage?    yes / no

Have you had any ear surgeries?    yes / no    (if yes, right / left / both)

Describe: \_\_\_\_\_

**TINNITUS** (ringing/buzzing/noises in the ear)

Do you have any tinnitus?    yes / no    If yes, for how long?    \_\_\_ years    \_\_\_ months

Did the tinnitus begin gradually or was it sudden? \_\_\_\_\_

Please rate your tinnitus (circle one):

Not bad - somewhat noticeable - somewhat interferes - very noticeable - very bothersome - extremely annoying

**DIZZINESS/BALANCE**

Do you have any dizziness/balance problems?    yes / no    For how long?    \_\_\_ years    \_\_\_ months

Please describe: \_\_\_\_\_

Have you previously been treated for dizziness?    yes / no

**OTHER RELEVANT HEALTH ISSUES**

How would you describe your overall health? \_\_\_\_\_

Do you have any allergies?    yes / no

Have you ever been exposed to loud noise?    yes / no

Other relevant health history: \_\_\_\_\_

**HEARING AID HISTORY**

Have you ever tried a hearing aid?    yes / no

Do you currently wear a hearing aid(s)?    yes / no    If yes, make/model/age: \_\_\_\_\_

Please describe your most difficult listening situation: \_\_\_\_\_

Please feel free to add other information you feel would be important for this appointment: \_\_\_\_\_