



Albuquerque **Speech Language Hearing** Center
Be a part of the conversation.™

Audiology Adult History

Name of Patient (Printed) _____ Today's Date _____

What is the reason for your visit today? _____

What health conditions are you being treated for and what medications are you taking?

Are you having trouble hearing? YES _____ NO _____

Does one ear hear better than the other? YES _____ NO _____

Have you ever worn hearing aids? YES _____ NO _____

Does anyone in your family have a hearing loss? YES _____ NO _____

Have you worked around excessive noise? YES _____ NO _____

Have you ever done target practice or gone hunting? YES _____ NO _____

Are you having trouble with your memory? YES _____ NO _____

Do you smoke cigarettes? YES _____ NO _____

Do you have allergies? YES _____ NO _____

Have you ever had a stroke or a head injury? YES _____ NO _____

Have you ever been seen by an ear specialist (ENT)? YES _____ NO _____

Do you have an upcoming appointment with an ENT specialist? YES _____ NO _____
Have you had ear surgery? YES _____ NO _____

Are you having pain in your ears? YES _____ NO _____

Have you had drainage from your ears? YES _____ NO _____

Have you been treated for an ear infection? YES _____ NO _____

Are you experiencing dizziness? YES _____

NO _____

Are you taking blood thinners? YES _____ NO _____

Do you have a pacemaker or defibrillator? YES _____ NO _____

Do you have ringing, buzzing, or roaring sounds in your ears? YES _____ NO _____

Are you involved in a lawsuit concerning your hearing? YES _____ NO _____

Are you involved in a lawsuit concerning your hearing?

YES _____

NO _____

If you answered "YES" to any of the above questions, please explain

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