

Department Of AUDIOLOGY

Audiological Evaluation- Adult Case History

Patient Name: _____

Age/Gender: _____ Patient I D: _____

Occupation: _____

Referred by: _____

Mob: _____ Date: _____ Time: _____

- History/ Complaint of **reduced hearing** sensitivity: Absent
Present - Rt / Lt / Both, since: _____
 - Onset: sudden/ gradual
 - Nature: progressive/ non progressive/fluctuating
- History/ Complaint of **blocking sensation**: Absent
Present - Rt / Lt / Both, since: _____
Associated with cold/without cold
- History/ Complaint of **Ear pain**: Absent
Present - Rt / Lt / Both, since: _____
Nature: continuous/intermittent
- History/ Complaint of **Ear discharge**: Absent
Present - Rt / Lt / Both, since: _____
Type: watery/ purulent/ blood stained/ foul smelling
Episode: recurrent/ occurred once
- History/ Complaint of **Tinnitus**: Absent
Present - Rt / Lt / Both
Since: _____
Nature: continuous/ occasional
Type: buzzing/ roaring/ ringing
Duration: _____
- History/ Complaint of **vertigo/ giddiness**: Absent
Present-
Since: _____
Nature: imbalance/ light headedness/self rotating
Sudden black out/ surrounding rotating/ _____

- C/O **speech understanding** difficulty: Absent

Present _____

In all situation/ only in noisy situation

- H/O **exposure to noise**: Absent

Present- _____

Sudden very loud noise/ continuous loud noise _____ hours/day

Since: _____

Details: _____

- H/O **trauma**: No

Yes- _____

To Ear: Rt / Lt/ Both ear

To head: Rt / Lt/ Both side

Details: _____

- C/O **intolerance to loud sounds**: Absent

Present- _____

To all sounds/ specific sounds: _____

Since: _____

- H/O usage of **Otto toxic drugs**: Absent ;

Present- Details: _____

- H/O **Diabetics**: Absent

Present - since: _____

- H/O Bacterial/ **Viral infection**: Absent

Present- details _____

- Any **Speech abnormality**: Absent,

Present - details _____

- Any **other associated problems**: Absent

Present _____

- H/O previous treatment/investigations:

- H/O usage of **hearing aid**: Absent

Present-

Details: _____

Duration: _____

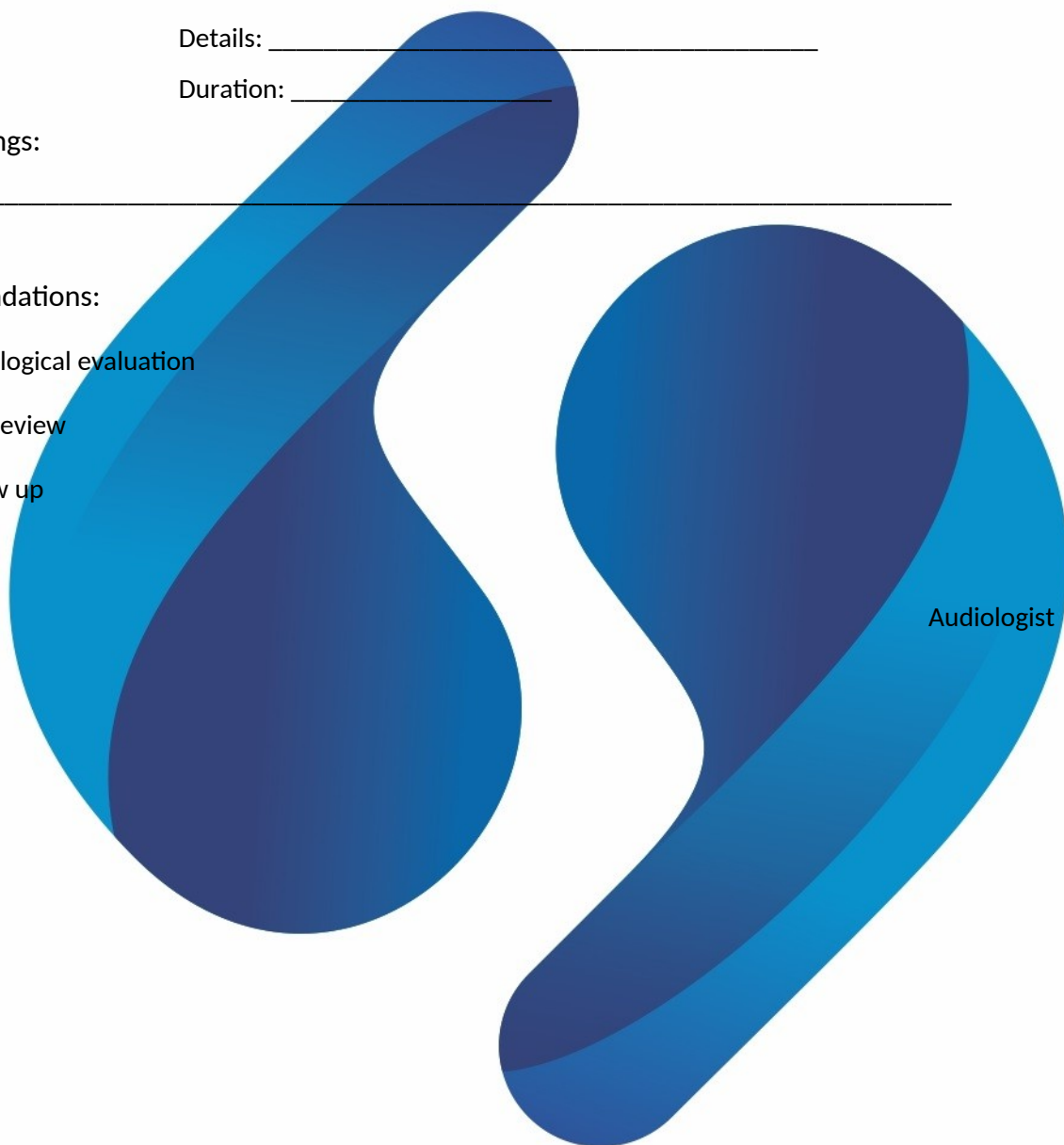
- ENT findings:

- Recommendations:

Audiological evaluation

ENT Review

Follow up



Audiologist