

Confidential Patient Analysis Chart



Patient Name:

Date:

History of Hearing Loss: Please check Yes or No

- Are you experiencing ear pain? ☐ Yes ☐ No
- Have you ever had ear surgery? ☐ Yes ☐ No
- Do you have ringing in your ears? ☐ Yes ☐ No
- Will this be your first hearing test? ☐ Yes ☐ No
If no, when was your last hearing test?

- In which ear is your hearing most impaired? ☐ Left ☐ Right
- Did your hearing impairment develop: ☐ Suddenly ☐ Gradually
- Have you experience acute or chronic dizziness? ☐ Yes ☐ No
- Do you have a family history of hearing loss? ☐ Yes ☐ No ☐ Unsure
- Do you think you know the cause of your hearing loss? ☐ Yes ☐ No
If yes, What do you think caused your hearing loss?

- Have you noticed any change in your ability to remember? ☐ Yes ☐ No
- Have you been examined by a doctor in the past six months? ☐ Yes ☐ No
- Has hearing in one or both ears rapidly decreased within the past 90 days? ☐ Yes ☐ No
- Do you have a history of or active drainage from your ears within the past 90 days? ☐ Yes ☐ No

Note: If you currently use hearing aids, please
answer specifically for the times when you
are wearing your hearing aids!

History of Communication Issues

- Do you often ask others to repeat? ☐ Yes ☐ No
- Do you ever have difficulty hearing on the phone? ☐ Yes ☐ No
- Do you ever have difficulty hearing your spouses voice? ☐ Yes ☐ No
- Do others ever mention that you turn the television or radio up too loud? ☐ Yes ☐ No
- Do you find it difficult to understand conversation in noisy places? ☐ Yes ☐ No
- Does a hearing impairment hamper your personal/social life? ☐ Yes ☐ No
- If a hearing loss is discovered, and may be helped, are you ready for help? ☐ Yes ☐ No
- Do you ever HEAR conversation loud enough, but cannot understand words? ☐ Yes ☐ No
- If you need hearing aids, is it important to you that they not be visible? ☐ Yes ☐ No
- What comments have others made about your hearing?

History of hearing aid use:

- Do you wear hearing aids in your ☐ Left ☐ Right ☐ Both Ears
If so, might you be experiencing any difficulties with your hearing aids?
Please explain: