

University of South Alabama Speech & Hearing Center
Audiology Case History - ADULT

NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____ **PHONE:** _____

ADDRESS: _____

OCCUPATION: _____ **MARITAL STATUS:** _____

NUMBER OF CHILDREN: _____ **REFERRED BY:** _____

1. Have you noticed some difficulty with your hearing? _____

2. When was your hearing loss first noticed and what were the symptoms? _____

3. Have you been treated for your loss? _____ If so, by whom and when? _____
_____ What were the findings? _____

4. Have you had a sudden change in hearing? _____ in the last 6 months? _____
1 year? _____ 2 years? _____

5. Do you have a history of ear infections or ear drainage? _____
If so, when was the most recent infection? _____

6. Do you ever have ringing or buzzing in your ears? _____ Which ear? _____
Is it constant? _____

7. Does your hearing fluctuate or stay the same? _____

8. Which is your better ear and why? _____

9. Do you hear better in a noisy or a quiet place? _____ What are your most difficult
listening conditions? _____

10. Do you ever feel dizzy? _____ If so, describe: _____

11. Have you ever been exposed to loud noises in your employment? _____
Describe: _____

12. Have you ever been in the military? _____ If so, when and were you exposed to loud
noises? _____

13. Do you participate in any recreational activities such as woodworking, hunting, or the use of
machinery (i.e., farm equipment) ? _____
Describe: _____

14. Have you ever been exposed to any other types of loud noises (i.e., fireworks or explosions)?
Describe: _____
15. Have you worn hearing protection for any of the activities mentioned in questions 11 - 14?

16. Have you been away from loud noise for 14 - 16 hours prior to today's assessment? _____
When was your last exposure to noise? _____
17. Have you ever worn a hearing aid? _____ Do you wear one now? _____
If so, what make and model is it and how long have you worn it? _____
When did you purchase it? _____ Who recommended the aid? _____
Has your aid been satisfactory/unsatisfactory? _____
18. Does anyone in your family have a hearing problem? _____
Describe: _____
Do any of these relatives wear aids? _____ Satisfactorily: _____

MEDICAL HISTORY

17. Do you have any allergies? _____ Describe: _____
19. Do you have Diabetes or high blood pressure? _____ At what age were you diagnosed? _____
20. Have you ever had surgery, especially to the head, neck, or ears? _____ When? _____
Describe: _____
21. Are you currently being treated by a physician for any major medical conditions? _____
Describe: _____
22. Have you ever experienced a concussion or head injury? _____ When? _____
23. Have you ever had convulsions/ seizures? _____ When? _____
24. Have you ever had a stroke? _____ When? _____
25. Have you ever had kidney disease? _____ When? _____
26. Please list any diseases or illnesses you may have had and age contracted (i.e., mumps, measles, meningitis, or scarlet fever): _____

27. Please list all medications you are currently taking: _____

28. Is there anything you would like to add or any comments that you feel are important? _____

