Hearing Health Clinic
A DIVISION OF BELLINGHAM EAR, NOSE & THROAT

360-671-7530
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2940 Squalicum Parkway, Suite 205 - Bellingham, WA 98225

Confidential Patient History - Dated: _____

Patient Name: _____ **Birth Date:** _____

What is the reason for your visit today? : _____

_____

MEDICAL HISTORY:

Yes No Have you seen a doctor in the past six months? (Dr. _____)
Yes No Have you seen a doctor specializing in diseases of the ear?
If yes, give date _____for what condition_____
Yes No Have you ever had your hearing tested?
If yes, give date _____ by whom _____
Yes No Have you ever had any type of ear surgery?
If yes, type of surgery _____(Dr. _____)
Yes No Do you take medicine every day? For what condition? _____
Yes No Do you have any other medical conditions? If yes, explain _____
Yes No Are you hypertensive?; Yes No Have a heart condition? Yes No Have a Pacemaker?

ABOUT YOUR EARS: Do you have any of these symptoms?

Yes No Deformity of the ear
Yes No Drainage from the ear
Yes No Hearing Loss?
How long have you noticed this? _____
Which is your poorer ear? Same Right Left
Yes No Sudden or rapid loss of hearing in the past 90 days?
Yes No Acute or chronic dizziness
Yes No Tinnitus (ringing/noises in your ears)? Which ear? Same Right Left
Is it constant or intermittent? How long have you noticed this? _____
Yes No Have you ever seen a doctor for wax removal?
Yes No Do you ever have pain in your ears? Describe_____

ABOUT YOUR HEARING: Do you experience difficulty with the following?

Yes No Trouble understanding conversation?
Yes No Feel speech is muffled/mumbled/unclear?
Yes No Difficulty hearing in a crowd or in background noise?
Yes No Difficulty hearing on the telephone?
Yes No Do you have a history of noise exposure?: Yes No Was hearing protection use?
If yes, explain_____
Yes No Does anyone else in your family have a hearing problem?
What relationship? _____
Yes No Do you now or have you ever worn a hearing aid?
If yes, how do you think you may be helped? _____

Who referred you to us? _____

Signature _____ Date _____