	111 Fieldstone Drive, Ste. 106 Milledgeville, GA 31061 (478) 452-0578 1713 Mount Vernon Road, Ste. 3 Dunwoody, GA 30338 (770) 394-9469 1051 Parkside Commons, Ste.103 Greensboro, GA 30642 (706) 454-0578 1991 N. Williamsburg Drive, Ste. A Decatur, GA 30033 (404) 500-1026

Adult Medical History

Patient Name________________________

What is your primary reason for today's visit? _______________________

Have you ever worn a hearing aid? ________ What type? __________

Do you experience any of the following? :

- ☐ **ringing, buzzing, roaring sounds in the ear?**
- ☐ **dizziness, loss of balance or vertigo?**
- ☐ **fullness in the ear?**
- ☐ **pain in the ear?**
- ☐ **numbness in the ear or face?**
- ☐ **family history of hearing loss?**
- ☐ **history of noise exposure (military, hunting, heavy equipment)?**

How is your general health? ____

Are you a diabetic? ______ History of chemotherapy? ______________

Do you wear a pacemaker? ______Medications? _________________

Hearing Questionnaire

Please rate your hearing on a scale of 1 (poor) to 5 (normal) for the following listening situations:

	poor				normal
Listening to T.V.	1	2	3	4	5
Listening in restaurants	1	2	3	4	5
Listening in groups/meetings	1	2	3	4	5
Listening on the phone	1	2	3	4	5
Listening in the car	1	2	3	4	5
Listening to a whisper	1	2	3	4	5
Listening to children's voices	1	2	3	4	5
Listening in quiet environment	1	2	3	4	5

~Better Hearing is a Better Life~