**Audiology Center of NJ**

Adult Case History Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the problem first noted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been exposed to loud noise? No \_\_\_ Yes \_\_\_

If yes, Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Familial history of hearing loss? No\_\_\_ Yes\_\_\_

Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your hearing loss fluctuate? No \_\_\_ Yes \_\_\_

Do you have?

Aural pressure No \_\_\_ Yes \_\_\_ right ear \_\_\_ left ear \_\_\_ both \_\_\_

Tinnitus / ringing in ears No \_\_\_ Yes \_\_\_ right ear \_\_\_ left ear \_\_\_ both \_\_\_

Had Ear Surgery No \_\_\_ Yes \_\_\_ right ear \_\_\_ left ear \_\_\_ both \_\_\_

Do you have/ had? Never Rarely Frequently Date of Last Episode Ear Infections \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sinusitis \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dizziness/ Vertigo \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meniere’s disease No \_\_\_ Yes\_\_\_

Facial Numbness No\_\_\_ Yes\_\_\_

Chemotherapy No\_\_\_ Yes\_\_\_

Stroke No \_\_\_ Yes\_\_\_

Illnesses with high fevers i.e. malaria, typhoid, scarlet fever, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_