

NARDELLI AUDIOLOGY

CASE HISTORY

Name: _____ **Date:** _____

Chief Complaint? _____

Have you ever been to a specialist about your hearing? _____

Have you ever had ear surgery? _____

Are you having any ear pain? _____

Do you have a history of drainage from the ear? _____

Do you have any ringing or buzzing sounds in the ear? _____

Which ear is your better ear? _____

Have you worked around loud noise? _____

Do you have any noisy hobbies such as car racing, hunting, flying small planes, shooting firearms, or noise exposure other than work, such as military? _____

Do you have difficulty understanding conversations? _____

Do you have difficulty in a crowded environment? _____

Is there a history of hearing loss in your family? _____

Have you ever worn hearing aids? _____

If yes, how long have you worn them? _____

Additional Comments: _____
