

**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:** \_\_\_\_\_

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