

Hearing Solutions of Arizona

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ADULT CASE HISTORY FORM

Name: _____ Date: _____
Birthdate: _____ Home Phone: _____
Address: _____ Business Phone: _____

Referred By: _____
Occupation: _____ Military Service: _____

Purpose of Referral:

I. Hearing Loss History and Present Status

- A. Chief complaint: _____
- B. What do you want to find out from us? _____
- C. Date of onset: _____ Sudden: _____ Gradual: _____
- D. What was the onset related to? _____
Better ear: _____ Hearing fluctuations? _____
If yes, under what conditions? _____
- E. Difficulty hearing:
- | | |
|-------------------------|--------------------------|
| On the telephone: _____ | Radio, TV, movies: _____ |
| Conversation: _____ | Localization: _____ |
| In noise: _____ | Female voices: _____ |
| In quiet: _____ | Male voices: _____ |
| In the car: _____ | Conferences: _____ |
- Other (specify): _____

II. Medical History

- A. Ear pain: _____ Which ear: _____
How often: _____ Onset: _____
- B. Fluid drainage from the ear: _____ Which ear: _____
How often: _____ Onset: _____

Where purchased: _____ Recommended by: _____

Number of hours you wear the aid per day: _____

Condition of aid: _____

Any difficulties with the hearing aid ? _____

Evaluate service obtained from hearing aid dispenser: _____

How satisfied are you with your current hearing aid:

Very satisfied: _____ Satisfied: _____

Unsatisfied: _____ Very unsatisfied: _____

Additional comments about hearing aids (situations presenting special problems, service problems): _____