

Sound Advice Hearing Aid Centers
Confidential Patient Analysis Chart

Patient _____ Preferred Name _____
Spouse _____ Patient is Male Female
Address _____
City _____ State _____ Zip Code _____
Phone _____ Age _____ Birthdate _____
Family Physician _____
Occupation _____ If retired, what kind of work did you do? _____

MEDICAL HISTORY Have you been examined by a primary care doctor or ENT in the past 6 months? Yes No
Will this be your first hearing test? Yes No If no, when was your last test? _____
Have you had ear surgery? Yes No

Do you have any of the following:

- Deformity of the ear? Yes No
- Visible evidence of significant wax or a foreign body in the ear canal? Yes No
- Any history of, or active drainage from, the ear within the previous 90 days? Yes No
- Rapid hearing loss in the past 90 days? Yes No
- Acute or recurring dizziness? Yes No
- Has the hearing in one ear worsened in the past 90 days? Yes No
- Are you experiencing ear pain? Yes No
- In which ear is your hearing the worst? Left Right Same
- Have you noticed any change in your ability to remember? Yes No

HEARING HISTORY Do you hear conversation loud enough but cannot understand the words? Yes No
Do you often ask others to repeat? Yes No
Do you find it difficult to understand conversation in noise? Yes No
Do you have trouble hearing on the telephone? Yes No
Do you have difficulty hearing your spouse? Yes No
Do others mention you play the radio or TV too loudly? Yes No
How many years have you experienced hearing difficulty? _____
If a hearing loss is discovered, are you ready for help? Yes No
What comments have others made about your hearing? _____

In what situations do you have the most difficulty understanding? _____

HISTORY OF HEARING AID USE I wear a hearing aid in my Left Ear, Right Ear, Both Ears, but still experience the following problems:

- Some sounds are too loud.
- Everything sounds tinny.
- The hearing aid whistles.
- Wind noises bother me.
- My voice sounds hollow and unnatural.
- Understanding when two or more are talking.
- Knowing from which direction sounds are coming.
- My ears feel plugged.
- Telephone use is difficult.

Notes: _____
