

# Adult Hearing History

Date \_\_\_\_\_

Yes No Are you currently being treated by a doctor for ear problems? Explain\_\_\_\_\_

Circle all that apply.  
Exposure to excessive noise levels without hearing protection: Job, Military, Recreation (i.e.,  
firearms, music, motorcycles), Other\_\_\_\_\_

Do you have:	Diabetes	Hypoglycemia (low blood sugar)	Vertigo (spinning)
	Imbalance	Other dizziness	High blood pressure
	Low blood pressure	History of migraines	Heart disease
	Kidney disease	Ear surgery    Right    Left	High fever
	Stroke	Serious head trauma	Falling

Clinician: \_\_\_\_\_