THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
School of Health and Human Sciences

UNCG Speech and Hearing Center
Department of Communication Sciences & Disorders

ADULT AUDIOLOGICAL CASE HISTORY

All information provided on this form will be held in the strictest confidence in accordance with HIPAA regulations.

Name: ____ Gender: ____________ Birthdate: ____________

Address: ____

Home Phone: _____________________ Business Phone: ____________________ Cell Phone: _____________________

Occupation: ____ Referral Source: ______________________________

Date: ________________ Purpose of Test: ____

AUDIOLOGICAL HISTORY

Description of problem: ____
____
____

Onset of the problem: ___Gradual ___ Sudden Better Ear: ___ Right ___Left ___No Difference

Health status and other circumstances possibly related to onset of the problem: __________________________________
____
____

Previous hearing tests: ___Yes ___ No Date of last evaluation: ______________ Results: ______________________
____
____

**provide copies of audiograms/reports if possible*

Describe situations of hearing difficulty or other problem: ____
____

Activities limited/stopped due to hearing or other problem: ____
____

Noise Exposure : ___Yes ___No Describe: ____
____

Family history of hearing loss: ___Yes ___No Relationship: ____

Age at Onset / Contributing factors: ____

524 Highland Avenue, 300 Ferguson Building, Greensboro, NC 27412
Phone: 336-334-5939 ~ Fax: 336-334-4475

	Circle All that Apply		
Tinnitus (“ringing” or other sounds)	Right Ear	Left Ear	None
Sound sensitivity / Problems with sound tolerance	Right Ear	Left Ear	None
Vertigo / Dizziness	Right Ear	Left Ear	None
Feeling of ear fullness or pressure	Right Ear	Left Ear	None
Drainage from ear	Right Ear	Left Ear	None
History of ear infections	Right Ear	Left Ear	None
History of PE tubes or ear surgery	Right Ear	Left Ear	None

MEDICAL HISTORY

Current Health Status: ____

____

____

Accidents/head injuries: ___Yes ___No Describe: ____

____

Surgeries / Hospitalizations: ____

Current medications: ____

____ *Attach a list if necessary

HEARING AID HISTORY

Hearing aid use: ___ Current User ___Previous User ___ Never Worn Length of use (years): ________

Ear: ___Right Ear ___Left Ear ___Both Ears Type: ___ In-the-Ear ___Behind-the-Ear ___Other

Make/Model: ____

Listening situations where hearing aid is most helpful: ____

____

Listening situations where you would like to hear better: ____

____

Questions/Concerns about hearing aids: ____

____

____