



Ears to Hear

1545 Nutmeg Place • Costa Mesa, CA 92626  
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## Confidential Patient History

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Secure Horizons \_\_\_\_\_ Medicare \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

Spouse \_\_\_\_\_ Email \_\_\_\_\_

## Medical History

Have you seen a doctor in the past six months?  Yes  No Dr. \_\_\_\_\_

Have you seen a doctor specializing in diseases of the ear?  Yes  No

Have you ever had your hearing tested?  Yes  No Date of exam \_\_\_\_\_

Have you ever had any type of ear surgery?  Yes  No Type of surgery \_\_\_\_\_

Do you take medicine every day?  Yes  No Medicine name \_\_\_\_\_

Do you have any other medical conditions?  Yes  No Condition \_\_\_\_\_

Are you diabetic?  Yes  No

## About Your Ears Do you have any of these symptoms?

Deformity of the ear?  Yes  No

Drainage from the ear?  Yes  No

Sudden or rapid loss of hearing in the past 90 days?  Yes  No

Acute or chronic dizziness?  Yes  No

Have you ever seen a doctor for wax removal?  Yes  No

Do you ever have pain in your ears?  Yes  No

Do you ever have ringing in your ears?  Yes  No

Which is your poorer ear?  Left  Right  Same

## About Your Hearing Do you experience difficulty with the following?

Understanding conversation  Yes  No Have you ever worn a  Yes  No

Hearing in a crowd  Yes  No hearing aid?  Yes  No

Hearing on the telephone  Yes  No Type \_\_\_\_\_

How long have you had a hearing problem? \_\_\_\_\_

Does anyone else in your family have a hearing problem? \_\_\_\_\_

Who can we thank for referring you to our office? \_\_\_\_\_

I authorize Ears to Hear to release hearing test results to my physician  Yes  No

Name of Primary Care Physician \_\_\_\_\_ City \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_