

New Jersey Audiology & Hearing Aid Centers, Inc.

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HEARING HEALTH PROFILE

NAME: _____ DATE: _____

D.O.B: _____

History:

1. Has your hearing been tested within the past three years? Yes No
2. Do you have difficulty hearing or understanding speech? Yes No
3. How long have you noticed hearing loss? Recently (within the past 90 days)
 Less than one year 1-3 years More than three years
4. Is your loss in one or both ears? Right Left Both
5. Do you currently wear hearing aid(s)? Right Left Both None
6. Do you experience ringing or noises in your ear(s)? Yes No
7. Do you experience pain or discomfort from your ear(s)? Yes No
8. Have you ever had surgery on your ear(s)? Yes No

Explain: _____

9. Is there a history of hearing loss within your family? Yes No

Who: _____

10. Do you experience dizziness or balance difficulties? Yes No

Explain: _____

11. Have you EVER been exposed to loud noise? Yes No

Explain: _____

12. Has anyone ever told you that you may have a hearing loss? Yes No

13. In which of the following situations do you experience difficulty hearing or understanding speech?

- | | |
|---|--|
| <input type="checkbox"/> One-on-one conversations | <input type="checkbox"/> Restaurants / parties / crowds |
| <input type="checkbox"/> TV / Radio | <input type="checkbox"/> In the car |
| <input type="checkbox"/> Small groups | <input type="checkbox"/> Church / synagogue / auditorium |
| <input type="checkbox"/> Hearing doorbell / telephone ring | <input type="checkbox"/> Understanding on the telephone |
| <input type="checkbox"/> Hear some persons better than others | <input type="checkbox"/> Other _____ |

14. Since noticing a loss of hearing, do social situations make you feel uncomfortable? Yes No

15. Does your hearing loss cause feeling of frustration for you or others when communicating?
 Yes No

16. If we find through our evaluation that we can help you, are you ready for that help? Yes No

17. Please identify situations where you would like improvement in your hearing. _____
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Patient Signature: _____ Date: _____

A. Michael Salzer, M.A., CCC-A

New Jersey State Licensed Audiologist # YA0557; New Jersey State Licensed Hearing Aid Dispenser # MG00896