

INDIANA UNIVERSITY

Hearing Clinic, 2631 East Discovery Parkway, Bloomington, In 47408

Custom Ear Protection Case History Form

Name: _____ Age: _____ Birthdate: ____ - ____ - ____ Sex: M F

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ E-Mail: _____

Cell Phone: (____) _____

Referral Source: _____ Primary Care Physician: _____

Emergency Contact: _____

Indiana University Affiliation:

Faculty / Staff (Retired / Family) Department: _____ Student No Affiliation

Veteran of the US Armed Forces: Yes No When: _____

1. Reason for visit: _____

2. Hearing Loss: Yes No Unsure

Which Ear: Right Left

Better Ear: Right Left Age of Onset: _____

Check if Applicable: Progressive (gradual / rapid) Fluctuant Sudden Onset

3. Medical History: (check all that apply)

Head injury with unconsciousness (when: _____)

Ear pain (Right / Left) Onset: _____

Discharge from the ear (Right / Left) Onset: _____ How often: _____

Fullness or pressure (Right / Left)

History of Ear Infections: Yes No Ear: Right Left Both

Age of Onset: _____ Age of last infection: _____

Treatment: _____

Remarks: _____

Ear Surgery: Yes No Right Left Both Date of Surgery: _____

Type(s) of Surgery: _____

Remarks: _____

Tinnitus: Right Left Both Constant Fluctuates

Describe: Hissing Ringing Buzzing Thumping Clicking Other: _____

Irritation level: Mild Moderate Moderate-Severe Severe Non-Irritating

Remarks: _____

Vertigo: Yes No Dizziness Positional Rotary Light-Headedness

Accompanying Symptoms: Nausea Change in or onset of tinnitus fluctuating hearing loss

Fullness or Pressure Other: _____

Treatment: _____

Remarks: _____

Diseases/surgeries:

Current Medications:

Previous Hearing Evaluation: Yes No

Where: _____, When: _____

Describe results if known: _____

4. Noise Exposure:

- Factory or Industrial noise
- Farm Equipment
- Guns, Military Weapons
- Power Tools/Mowers
- Very loud concerts
- Personal Music device
- Loud Musical Instruments
- Aircraft
- Motorcycles/ATVs

What instruments do you play? _____

Hours of practice or performance/day: _____

What other instruments are you exposed to during rehearsals and performances? _____

Do you experience tinnitus following practice? Yes No How long does it last? _____

Do you experience tinnitus following a performance? Yes No How long does it last? _____

_____ Date: _____
Patient or responsible party

