HEARING CENTER OF PLAINVIEW

AUDIGY CERTIFIED

Name:____________________

DOB:____________________

Health Assessment

EAR HISTORY:

- [ ] Hearing loss
- [ ] Infections
- [ ] Vertigo/dizziness
- [ ] Noise exposure
- [ ] Drainage
- [ ] Headaches
- [ ] Family hearing loss
- [ ] Tinnitus/head noise
- [ ] Tolerance problems
- [ ] Head trauma
- [ ] Ototoxic

MEDICAL HISTORY:

- [ ] Hypertension
- [ ] Allergies
- [ ] Asthma
- [ ] Meningitis
- [ ] Mumps
- [ ] Hepatitis
- [ ] Rubella
- [ ] Heart disease
- [ ] Tuberculosis
- [ ] Arthritis
- [ ] Diabetes
- [ ] Fevers
- [ ] Upper respiratory infections
- [ ] Colds
- [ ] Kidney disease
- [ ] Cancer
- [ ] Tumors
- [ ] Seizures

CHILDREN AND YOUNG ADULTS:

- [ ] Prematurity
- [ ] Low birth weight
- [ ] Toxemia
- [ ] RDS
- [ ] Jaundice
- [ ] ABO/RH incompatibility
- [ ] Developmental delay
- [ ] Speech/language delay
- [ ] Other

Medications:____________________

Surgeries:____________________

Hearing Aid Usage:____________________

Additional History:____________________