

**HEALTH ASSESSMENT**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**EAR HISTORY:**

\_\_\_ HEARING LOSS

\_\_\_ FAMILY HEARING LOSS

\_\_\_ INFECTIONS

\_\_\_ TINNITUS/ HEAD NOISE

\_\_\_ VERTIGO/DIZZINESS

\_\_\_ TOLERANCE PROBLEMS

\_\_\_ NOISE EXPOSURE

\_\_\_ HEAD TRAUMA

\_\_\_ DRAINAGE

\_\_\_ OTOTOXIC

\_\_\_ HEADACHES

**MEDICAL HISTORY:**

\_\_\_ HYPERTENSION

\_\_\_ ARTHRITIS

\_\_\_ ALLERGIES

\_\_\_ DIABETES

\_\_\_ ASTHMA

\_\_\_ FEVERS

\_\_\_ MENINGITIS

\_\_\_ UPPER RESPIRATORY INFECTIONS

\_\_\_ MUMPS

\_\_\_ COLDS

\_\_\_ HEPATITIS

\_\_\_ KIDNEY DISEASE

\_\_\_ RUBELLA

\_\_\_ CANCER

\_\_\_ HEART DISEASE

\_\_\_ TUMORS

\_\_\_ TUBERCULOSIS

\_\_\_ SEIZURES

**CHILDREN AND YOUNG ADULTS:**

\_\_\_ PREMATUREITY

\_\_\_ ABO/Rh INCOMPATIBILITY

\_\_\_ LOW BIRTH WEIGHT

\_\_\_ DEVELOPMENTAL DELAY

\_\_\_ TOXEMIA

\_\_\_ SPEECH / LANGUAGE DELAY

\_\_\_ RDS

\_\_\_ OTHER

\_\_\_ JAUNDICE

**MEDICATIONS:** \_\_\_\_\_

**SURGERIES:** \_\_\_\_\_

**HEARING AID USAGE:** \_\_\_\_\_

**ADDITIONAL HISTORY:** \_\_\_\_\_