

**Thames Hearing Services, Inc.**

**New Patient History:**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Have you had a sudden change in your hearing? YES NO
2. Do you have any ear pain or drainage? YES NO
3. Have you ever had to have earwax medically removed? YES NO
4. Do you have any sinus or allergy problems? YES NO
5. Have you ever been treated by an Otolaryngologist (ENT Physician) for ear disease or had any ear surgery? YES NO
6. Do you experience any vertigo, dizziness or have problems with balance? YES NO
7. Are there family members with hearing loss? YES NO
8. Have you ever worked in a noisy occupation or served in the military? YES NO
9. Do you participate in any recreational activities that are potentially noise hazardous (i.e. shoot guns/rifles, attend concerts/sporting events, use lawn equipment)? YES NO
10. Do you use hearing protection when in and around high noise? YES NO
11. Do you experience any tinnitus (ear/head noises)? YES NO
12. Are you particularly bothered by loud noise? YES NO
13. Have you had any cardiovascular (heart) problems? YES NO
14. Are you on any anticoagulants (blood thinners)? YES NO

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| 15. Do you have any neurologic disorders (i.e. seizures, dementia, Alzheimer's, stroke, MS)? | YES | NO |
| 16. Do you have any endocrine disorder (i.e. diabetes, thyroid condition)?                   | YES | NO |
| 17. Do you have kidney disease?  | YES | NO |
| 18. Have you ever been treated for cancer?   | YES | NO |
| 19. Have you ever been diagnosed with Lyme Disease?  | YES | NO |
| 20. Is there a history of head trauma or concussion?   | YES | NO |
| 21. Do you suspect any memory loss/cognitive decline?  | YES | NO |
| 22. Do you suffer from low vision, despite use of glasses?                                   | YES | NO |

Is there any other additional information that Audiologist should be aware of?

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