

Adult Audiological History Form

**St. John's University
SPEECH & HEARING CENTER
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Flushing, NY 11367
718-990-6480**

**Mailing Address:
St. John's University
SPEECH & HEARING CENTER
8000 Utopia Parkway
Queens, NY 11439**

Name _____ Date _____ Age _____

Address _____ Tel. _____ Cell # _____

City _____ State _____ Zip _____

Occupation: _____ Date of Birth _____

Purpose of referral _____

HEARING LOSS HISTORY

Briefly state chief complaint _____

Date of onset _____ was onset sudden or gradual? _____

Please explain: _____

Was onset related to other health problems and/or hospitalization and/or surgery?

Do you have a better ear? _____

Does your hearing fluctuate? _____

Do you have difficulty hearing:

_____ conversation
_____ soft speech
_____ male voice
_____ female voice
_____ telephone/cell phone

_____ movies
_____ television
_____ in quiet surroundings
_____ in noisy surroundings
_____ other _____

AUDIOLOGICAL HISTORY & HABITS

Please answer the following questions YES or NO. If your answer is YES include a brief explanation.

Have you ever had:
Pain in your ears? _____

Discharge from your ears? _____

Impacted cerumen? _____

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Nausea, dizziness or vertigo? _____

Tinnitus (ringing, buzzing)? If yes, describe. _____

Injuries to your head / ear? _____

Ear Surgery? _____

Exposure to noise? _____

GENERAL MEDICAL HISTORY

Have you had any serious illnesses? _____

Have you been hospitalized? _____ (When and why?) _____

Are you taking any medication (type)? _____
(Prescription or over the counter)

Do you have any allergies? _____

Do you have cardiac and / or circulatory problems? _____

Do you have any endocrine problems or diabetes? _____

Family history of hearing loss? _____

REHABILITATION HISTORY

Previous hearing tests? Where and When? _____

Have you ever worn a hearing aid (type)? _____ How old is your hearing aid? _____

Are you happy with the performance of your hearing aid(s)? _____

Have you had lipreading training? _____

Have you been seen by an ear doctor? _____ Please give name and date:

NAME _____ DATE _____

Additional Comments: _____

All information will be held in strict confidence and not released to any person(s) without explicit authorization to do so, nor will any information be shared with any unauthorized person. The Speech and Hearing Center operates consistent with St. John's University's mission, which prohibits discrimination on the basis of race, religion, color, national or ethnic origin, age, sex, sexual orientation, marital status, or disability. Rev.2/11