

PARADISE HEARING

PATIENT ANALYSIS FORM

PATIENT: _____

SPOUSE: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOURCE: _____ BIRTH DATE: _____

Email: _____

Confidential Patient Information

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MEDICAL HISTORY

Have you seen a physician in the last 6 months? Yes ___ No ___

Will this be your first hearing test? Yes ___ No ___

Have you had any ear surgery? Yes ___ No ___

Have you been experiencing any ear drainage? Yes ___ No ___

Do you have any deformity of the ear? Yes ___ No ___

Have you had a sudden or rapid loss in one or both ears in the last 90 days? Yes ___ No ___

Do you have acute or recurring dizziness? Yes ___ No ___

Have you been experiencing any ear pain? Yes ___ No ___

In which ear is your hearing the worst? ___ Left ___ Right ___ Same

HEARING HISTORY

Have you noticed that people seem to mumble? Yes ___ No ___

Do you find yourself asking people to repeat what they have said? Yes ___ No ___

Do you sometimes hear words but do not always understand them? Yes ___ No ___

Have you been told that you speak too loudly? Yes ___ No ___

Do you find it difficult to understand speech when your back is to the speaker? Yes ___ No ___

Do others complain that the TV is too loud? Yes ___ No ___

Have you been told, on occasion, that you have missed the ringing of the telephone? Yes ___ No ___

Do you avoid social events because of your hearing loss? Yes ___ No ___

How many years have you experienced hearing difficulty? _____

Would pride or vanity stop you from wearing a hearing aid? Yes ___ No ___

Do you have a hearing aid? Yes ___ No ___

**Please review the following conditions carefully:

If you know or were informed by a physician that you have any of the following conditions, obtain a Medical Clearance from your physician.

- Visible deformity of the ear
- Fluid or drainage (not earwax) from the ear within the past 90 days
- Sudden, rapidly progressing, or changing hearing loss within the past 90 days
- Spells of acute or chronic dizziness
- Hearing loss only on one side that worsened in the past 90 days
- A recent or current ear infection, a plugged-up fullness feeling, a hole in your eardrum, conductive hearing loss, or air-bone gaps
- Excessive wax buildup, or a history of excessive wax buildup
- Foreign object stuck in the ear canal
- Pain or discomfort in the ear
- Ringing in one or both ears which began or worsened in the last 90 days

Signature: _____ Date: _____