INDIANA UNIVERSITY

Hearing Clinic, 2631 East Discovery Parkway, Bloomington, In 47408

Custom Ear Protection Case History Form

Name:________________________________ Age:______ Birthdate:____-____-____ Sex: M F

Address:________________________________ Apt.#:_____

City:________________________________ State:__________ Zip:___________

Home Phone: (_____)______________Work Phone: (____)___________ E-Mail:__________________

Cell Phone: (_____)______________

Referral Source:____________________________ Primary Care Physician:_______________________

Emergency Contact: ____

Indiana University Affiliation:

☐ Faculty / Staff (☐ Retired /☐ Family) Department:_________________ ☐ Student ☐ No Affiliation

Veteran of the US Armed Forces: ☐ Yes ☐ No When:________________________

1.Reason for visit:____

2. Hearing Loss: ☐ Yes ☐ No ☐ Unsure

Which Ear: ☐ Right ☐ Left

Better Ear: ☐ Right ☐ Left Age of Onset:____

Check if Applicable: ☐ Progressive (☐ gradual / ☐ rapid) ☐ Fluctuant ☐ Sudden Onset

3. Medical History: (check all that apply)

☐ Head injury with unconsciousness (when: __________________________)

☐ Ear pain (☐ Right / ☐ Left) Onset: ____________

☐ Discharge from the ear (☐ Right / ☐ Left) Onset: ____________ How often:__________________

☐ Fullness or pressure (☐ Right / ☐ Left)

History of Ear Infections: ☐ Yes ☐ No Ear: ☐ Right ☐ Left ☐ Both

Age of Onset:______ Age of last infection:________

Treatment: ____

Remarks: ____

Ear Surgery: ☐ Yes ☐ No ☐ Right ☐ Left ☐ Both Date of Surgery: ____________________

Type(s) of Surgery: ____

Remarks: ____

Tinnitus: ☐ Right ☐ Left ☐ Both ☐ Constant ☐ Fluctuates

Describe: ☐ Hissing ☐ Ringing ☐ Buzzing ☐ Thumping ☐ Clicking ☐ Other:______________

Irritation level: ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe ☐ Non-Irritating

Remarks: ____

Vertigo: ☐Yes ☐ No ☐ Dizziness ☐ Positional ☐ Rotary ☐ Light-Headedness

Accompanying Symptoms: ☐ Nausea ☐ Change in or onset of tinnitus ☐ fluctuating hearing loss

☐ Fullness or Pressure Other:______________________________

Treatment: ____

Remarks: ____

Diseases/surgeries:

____

____

Current Medications:____

____

Previous Hearing Evaluation: ☐ Yes ☐ No

Where: ______________________________ When: ______________________________

Describe results if known: ____

____

4. Noise Exposure:

☐ Factory or Industrial noise ☐ Farm Equipment ☐ Guns, Military Weapons ☐ Power Tools/Mowers
☐ Very loud concerts ☐ Personal Music device ☐ Loud Musical Instruments ☐ Aircraft
☐ Motorcycles/ATVs

What instruments do you play? ____

____

Hours of practice or performance/day: ____

____

What other instruments are you exposed to during rehearsals and performances? ______________________

____

____

____

Do you experience tinnitus following practice? ☐ Yes ☐ No How long does it last?__________________
Do you experience tinnitus following a performance? ☐ Yes ☐ No How long does it last? ______________

____ Date:______________________
Patient or responsible party