

Prince Frederick – Solomons – Leonardtown – Greenbelt
Diagnostic Hearing Centers
(P) (443) 295-7100 (F) (443) 295-7555

Waldorf Diagnostic Hearing & Balance Center (P) (301) 374-8477 (F) (301) 374-8432

www.freedomhearing.com

Patient	's Name: Today's Date:
	Doctor: Referring Doctor:
Addres	
Phone	Number: Phone Number:
1.	What is the reason for today's visit?
	Will this be your first hearing test? [] Yes [] No
	a. If no, when did you have your hearing tested?
3.	Have you ever had ear surgery? [] Yes [] No
	a. If yes, explain:
4.	Do you have any of the following:
	a. [] Deformity of the ear [] Recent ear drainage [] Ear infection
5.	Do you feel that your hearing is worse in one ear? [] Yes [] No
	a. If so, which ear is worse? [] Left [] Right
6.	Do you experience noises or sounds in your ears? [] Yes [] No
	a. If yes, do you experience it in: [] Left [] Right [] Both
7.	Have you had sudden or rapid hearing loss in the past 90 days? [] Yes [] No
8.	Have you experienced acute or recurring dizziness? [] Yes [] No
9.	Is there a family history of hearing loss? [] Yes [] No a. If yes, who?
10.	Do you ever have ear pain? [] Yes [] No
11.	Have you been exposed to loud sounds at work or in hobbies? [] Yes [] No
12.	Do you experience sensations of fullness in the ears? [] Yes [] No
13.	Do you have any of the following:
	[] High Blood Pressure [] Head Trauma [] Hypothyroidism [] Cancer [] Stroke [] Heart/Vascular Disease Mumps/Measles Meningitis Diabetes
14.	Are you on any medications? [] Yes (Please list on the back of this sheet) [] No
	Have you every worn a hearing aid?
16.	If you are fortunate enough to be helped, are you prepared today to continue on a program for better hearing
	which may include the use of hearing aids? [] Yes [] No
17.	Would anything prevent you from wearing hearing aids?
	In what situations would you like to hear better?
	How did you hear about Freedom Hearing?

Waldorf