FREEDOM
Hearing Center LLC

Medical History

Patient's Name: _____ **Date**: _____

Family Doctor:

Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

Referring Doctor:

Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

1. What is the reason for today's visit? _____
2. Will this be your first hearing test? [ ] Yes [ ] No
   a. If no, when did you have your last hearing test? _____
3. Have you ever had ear surgery? [ ] Yes [ ] No
   a. If yes, please explain _____
4. Do you have any of the following (please check all that apply):
   a. [ ]Deformity of the ear b. [ ]Recent drainage c. [ ]Ear infection
5. Do you feel that you are hearing 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: [ ] Right Ear [ ] Left Ear [ ] Both ears
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 ever been exposed to loud sounds at work or hobbies? [ ] Yes [ ] No
12. Do you experience sensations of fullness in the ears? [ ] Yes [ ] No
13. Do you have any of the following (please check all that apply):
    [ ] High Blood Pressure [ ] Heart/Vascular Disease [ ] Head Trauma [ ] Cancer [ ] Stroke
    [ ] Mumps/Measles [ ] Meningitis [ ] Diabetes [ ] Hypothyroidism
14. Are you taking any medication? [ ] Yes (please list on attached sheet) [ ] No
15. Have you ever tried or worn a hearing aid? [ ] Yes [ ] No
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? _____
18. In what situations would you like to hear better? _____
19. How did you hear about Freedom Hearing? _____

Solomons Medical Center
14090 H.G. Trueman Rd
Suite 1400
Solomons, MD 20688

Prince Frederick
135 West Dares Beach Rd
Suite 102
Prince Frederick, MD 20678

St. Mary's Medical Arts Bldg.
22650 Cedar Lane Ct.
2nd Floor
Leonardtown, MD 20650

Greenbelt
7247 Hanover Parkway
Suite A
Greenbelt, MD 20770

Main Contact Information for all Offices:
(p) 443-295-7100
(f) 443-295-7555