AUDITORY FORM

1202 Medical Center Drive, Wilmington, NC 28401
910.341.1542

Name ______________________________ Date ____________

SS# ____________________ Company ______________________________

DOB _____/_____/_____ Sex ____________

Yes	No	AUDITORY HISTORY (BASELINE)	Comments:
❑	❑	History of ear infections? Which ear? How frequently?	________
❑	❑	Previous hearing test? When, where, and why?	________
❑	❑	Any dizziness? How frequently?	________
❑	❑	History of measles, mumps, scarlet fever?	________
❑	❑	Previous head injury? Loss of consciousness?	________
❑	❑	Family history of hearing loss? What age?	________
❑	❑	Exposed to noise in military? How long and what type?	________
❑	❑	Do you use firearms? Type? How often? Which shoulder?	________
❑	❑	Ever worked at a noisy job? What and how long?	________
❑	❑	Do you have a noisy job? What and how long?	________
❑	❑	Do you have noise in your ears? If so, please describe.	________
❑	❑	Previous ear surgery?	________
❑	❑	Previous jobs?	________

Yes	No	AUDITORY HISTORY (UPDATE)	Comments:
❑	❑	Any hearing problems now?	________
❑	❑	Any drainage from ears (infection)?	________
❑	❑	Any noise in your ears?	________
❑	❑	Do you have dizziness, allergies, sinusitis?	________
❑	❑	Any recent injuries, illnesses, operations?	________
❑	❑	Any noisy hobbies?	________
❑	❑	Do you have a second job?	________
❑	❑	Do you have diabetes, arthritis, other chronic disorders?	________
❑	❑	Do you take any medications?	________
❑	❑	Do you use firearms? What shoulder?	________
❑	❑	Do you use power tools, chain saw, mower, tractor?	________
❑	❑	History of hypertension? (Record BP)	________

Otoscopic Inspection: R ____________________ L ____________________

Audiogram Interpretation/Comments: ______________________________

____

Signature of Physician/Physician Assistant ____________________ Date ____________