

Audiology

161 St. Peter's Road
PO Box 2000
Charlottetown, PE C1A 7N8
T: 902-368-5807 / F:902-620-3195
Email: speechandhearing@ihis.org

Audiologie

161, chemin St. Peter's
C.P. 2000, Charlottetown
Île-du-Prince-Édouard, C1A 7N8
T: 902-368-5807 / F:902-620-3195
Courriel: speechandhearing@ihis.org

Adult Audiology Case History

Name: _____ Gender: Male Female
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____
Family Physician: _____
Occupation: _____

PAST AND PRESENT HEARING STATUS

Description of hearing problem: _____

Previous hearing tests: No Yes Date: _____
Results: _____

Best ear: Right Left Ear used on the phone: Right Left
When did you notice a hearing loss and was it gradual or rapid? _____

Pertinent health status at onset: _____

Fluctuation in hearing: No Yes Describe: _____

Describe situations of hearing difficulty: (groups, telephone, TV, radio, loudspeaker, etc.)

Activities limited/ stopped due to hearing: _____

Family history of hearing loss: No Yes Relationship: _____

FACTORS CONTRIBUTING TO HEARING LOSS

Noise exposure: No Yes Describe _____

Tinnitus: Right Left Both Describe _____

Tolerance of loud sound: No Yes Describe _____

Feeling of fullness in ear: Right Left No

Discharge or pain in ear: Right Left No

Dizziness: No Yes Describe _____

Does hearing loss interfere with occupation: No Yes

Does tinnitus interfere with occupation: No Yes

Does vertigo interfere with occupation: No Yes

MEDICAL HISTORY

Middle and external ear problems: No Yes (Describe) _____

Otological treatment/surgery: No Yes (Describe) _____

Associated and serious illness: (check)

Ear infections Headaches Sinus Problems

Sleep disorder Blood pressure Diabetes

Thyroid Depression/Anxiety Bone/Joint

Urinary/Kidney Neurological impairment

Accidents/ head injuries No Yes (Describe) _____

CURRENT HEALTH STATUS

Health status/ problems: _____

Current medications: _____

HEARING AID USE/REHABILITATION

Currently wear hearing aid(s): No Yes

Type: _____ Make/Model: _____ Ear: _____

Length of use: (years) _____ Full time use: No Yes

Situations where aid most helpful: _____

Purchased from: _____

Previously worn hearing aid(s): No Yes (Describe) _____

Person(s) other than patient providing information: _____

Additional comments: _____

Personal information on this form is collected under section 31 _c_ of Prince Edward Island's Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the operations and delivery of the program. If you have any questions about this collection of personal information, you may contact the Health PEI FOIPP Coordinator by telephone (902) 368-4942.