TROY LOCATION
210 S. Market St., Suite A
Troy, OH 453573
ph. (937) 308-7000

Upper Valley Hearing & Balance Inc.

SIDNEY LOCATION
Wilson Memorial Hospital
915 W. Michigan St.
Yager Building, Suite 201
Sidney, OH 45365
ph (937) 658-6180

Patient History Form

Patient Name: _____ Age: _____ DOB: _____ Date: _____

1. Approximate date of last hearing test: _____ By Whom: _____
2. Chief Complaint: ☐ Dizziness, if so have you fallen in the past year? ☐ Yes ☐ No
   ☐ Difficulty Hearing? ☐ In quiet ☐ In Noise ☐ On Telephone
3. How long have you noticed this difficulty? _____
4. Is this problem due to a work-related injury/exposure? ☐ Yes ☐ No
5. Do you feel your hearing is changing? ☐ Yes (☐ Gradual or ☐ Sudden) ☐ No
6. Have you ever been exposed to loud noise, either recently or in the past? ☐ Yes ☐ No
   If so, please check all that apply: ☐ Factory Noise ☐ Power Tools ☐ Jet Engines
   ☐ Other _____
7. Have you ever had any ear surgeries? ☐ Yes ☐ No
   If so, what kind and which ear? _____
8. Is there a history of hearing loss in your family? ☐ Yes ☐ No If so, whom? _____
9. Do you have regular MRI's? ☐ Yes ☐ No
10. Do you have chronic ear infections? ☐ Yes ☐ No If yes: ☐ As a Child ☐ As an Adult ☐ Both
11. Have you ever worn a hearing aid? ☐ Yes ☐ No
12. Do you use tobacco products? ☐ Yes ☐ No
13. Please list any medications that you are currently taking: _____
    _____
14. Have you had any major surgeries or illnesses in the past 10 years? ☐ Yes ☐ No
    If yes, please explain: _____
15. If we find through our evaluation that we can help you, are you ready for that help?
    _____