



Medical Case History Form

Name: _____ Date: _____

Address: _____ Phone: _____

e-mail: _____ Date of Birth: _____

Referral Source/Physician: _____

There are several genetic, medical and lifestyle factors that increase the risk of developing hearing loss and tinnitus. This hearing loss, when left untreated, can also lead to a host of other comorbid medical conditions. Please complete this form in its entirety and review with your hearing healthcare provider.

1. Direct Risk Factors Hearing Loss and Tinnitus:

Age: The primary risk factor for hearing loss & tinnitus is your age. Indicate which age category you are in:

- ☐ 59 or Below
- ☐ Between the age of 60-70 y/o. (~50% of people have disabling hearing loss)
- ☐ Between the age of 70-80 y/o. (~66% of people have disabling hearing loss)
- ☐ Over the age of 80 y/o. (+80% of people have disabling hearing loss)

**Hearing Loss that results from age can begin in a person's 40's and 50's.*

Genetics: Our genetics increase our predisposition to developing hearing loss and tinnitus. Please describe your family history of hearing loss and tinnitus:

Noise Exposure. Exposure to noise is detrimental to the ear and impacts our ability to process words. Check the situations below that you have been exposed to loud noises

- | | | | |
|---------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> Work | <input type="radio"/> Concerts | <input type="radio"/> Fireworks | <input type="radio"/> Lawn Mower |
| <input type="radio"/> Firearms | <input type="radio"/> Sporting Events | <input type="radio"/> Fire Alarm | <input type="radio"/> Power tools |
| <input type="radio"/> Chain Saw | | <input type="radio"/> Motorcycle | <input type="radio"/> _____ |

Medications. Pharmaceuticals can affect the ear and result in hearing loss and tinnitus. Please check the medications you have been exposed to:

- | | |
|---|---|
| <input type="radio"/> Cancer Treatment (i.e. Chemotherapy) | <input type="radio"/> Fluoroquinolones (i.e. Ciproflaxin / 'Cipro') |
| <input type="radio"/> Aminoglycoside Antibiotics (i.e. Azithromycin / 'Z-Pac', Streptomycin, and medication that ends with 'mycin') | <input type="radio"/> Long-term use of Aspirin, Naproxen (Aleve), Ibuprofen (Advil) and Acetaminophen (Tylenol) |
| <input type="radio"/> _____ | |

2. Sound Sensitivity (Hyperacusis, aka sensitivity to loud sounds, is a common symptom of hearing loss)

- Have you experienced discomfort to loud sounds? **Yes or No**

3. Indirect Risk Factors. e.g. **Other Medical Conditions That Can Increase the Risk of Hearing Loss and Tinnitus**

Many common health conditions significantly increase the risk of hearing loss and tinnitus. Please check all of the medical conditions you are currently managing / concerned about as they significantly increase your risk of hearing loss and tinnitus:

- ☐ Cardiovascular Disease (i.e. hypertension, arrhythmia and / or Hx of stroke, heart valve complications or heart attack)
- ☐ Diabetes or Pre-Diabetes
- ☐ Kidney Disease (i.e. Chronic Kidney Disease, Kidney Infections, Kidney Stones, Cysts or Cancer)
- ☐ Autoimmune Disease (i.e. Rheumatoid Arthritis, Lupus)
- ☐ Thyroid Disease (i.e. Hyper- or Hypothyroidism, Cancer, etc.)
- ☐ History of Smoking
- ☐ Head Trauma (i.e. Hx of concussions or unconsciousness)

4. Difficulty Hearing

(Please check all that apply)

- ☐ Missing parts of what other people are saying to you (*i.e. you sometimes miss the beginning or the end of a conversation*)
- ☐ Difficulty following a conversation in background noise
- ☐ My family / friends tell me I have a problem hearing /listening
- ☐ I often need the TV louder than others
- ☐ People around me tend to mumble a lot!
- ☐ Difficulty hearing on the phone
- ☐ Difficulty hearing at church / large gatherings

How long have you been experiencing these difficulties with hearing? _____ **Past 90 days** _____ **1-3 Years**
_____ **4-7 Years** _____ **+10 Years**

5. Tinnitus (*Phantom sounds in the ears and/or head occur in over 90% of people living with hearing loss*)

- I have been experiencing tinnitus for _____ **months / years**
- My tinnitus is present in: **Both Ears** or **One Ear** (if so, which ear _____)
- My tinnitus is: **Constant** / **Only Noticeable In Quiet** / **Intermittent** (comes and goes) / **Pulsates**
- On a scale of 1-10 (1 = 'What tinnitus?', 10 = 'MAKE IT STOP!') I would rate the annoyance of my tinnitus as a _____

6. Cognitive Decline (*Untreated hearing loss and tinnitus can increase the risk of dementia by 200-500%*)

- Are you concerned about memory loss or developing dementia? **Yes or No**
- Do you have a family history of cognitive decline or Dementia? **Yes or No**

7. Mental Health Concerns (*Untreated hearing loss and tinnitus increase the rates of depression, isolation and loneliness*)

- Do you have feelings of sadness or depression? **Yes or No**
- Are you feeling 'on edge' or stressed lately? **Yes or No**
- Are you feeling lonely? **Yes or No**
- Do you find yourself isolating from others (i.e. saying 'no' to invitations from others)? **Yes or No**

8. Falls (*Untreated hearing loss and tinnitus can significantly increase your risk of a traumatic fall*)

- Have you fallen in the past 12 months? **Yes or No**
- Are you concerned about falling? **Yes or No**