



Gomer Hearing Center
 4101 E. Renner Road, Suite 106
 Richardson, TX 75082
 Main: 972-803-8072
 Fax: 214-238-3806



Allen Hearing Clinic
 915 W. Exchange Pkwy, Suite 180A
 Allen, TX 75013
 972-747-1333 (p)

Patient Name: _____ Age: _____ Date: _____

1. Main Concern:

- Hearing Loss ____ Right Ear ____ Left Ear ____ Both
- Difficulty Hearing ____ In Quiet ____ In Noise
- Tinnitus/Ringing ____ Right Ear ____ Left Ear ____ Both
- Dizziness

2. How long have you noticed this difficult? _____

- Gradual
- Past 90 days
- Sudden

3. Have you been exposed to loud noise, either recently or in the past? (check all that apply)

- Military
- Power tools
- Music
- Gunfire/ hunting
- Jet engines
- Factory noise
- Farm machinery
- Other _____

4. Have you seen an Ear, Nose, and Throat Physician? ____ Yes ____ No

If so: When was your last visit: _____ Name of ENT: _____

5. Have you ever had surgery that affected your hearing? ____ Yes ____ No

If so: What kind of surgery: _____ When: _____

6. Is there a history of hearing loss in your family? ____ Yes ____ No

If so: Who: _____

7. Do you have a pacemaker? ____ Yes ____ No

8. Do you have a history of ear infections? ____ Yes ____ No

- Child
- Adult

9. Have you, in the past, experienced dizziness, lightheadedness, or vertigo? ____ Yes ____ No

If so: Please describe: _____

10. Please list all medications including over the counter: (We can copy a prepared list if you have one)

11. Do you take any blood thinners or aspirin? ____ Yes ____ No

○ Name: _____ How much: _____

12. Please check any of the following that you currently have or have had in the past:

- ARTHRITIS
- ASTHMA
- HIGH BLOOD PRESSURE
- NEUROLOGICAL SYMPTOMS
- HEART DISEASE
- HEPATITIS
- SINUSITIS
- STROKE/TIA
- MEASLES
- MENINGITIS
- DIABETES
- HEAD INJURY
- PARKINSON'S
- BELL'S PALSY
- HIV
- LOSS OF SIGHT
- CANCER (type) _____
- RADIATION
- CHEMOTHERAPY

13. Please rank the following in order of importance (1 – 4), if a hearing instrument is recommended for you:

- _____ IMPROVED HEARING IN QUIET
- _____ IMPROVED HEARING IN NOISE
- _____ COST
- _____ COSMETIC APPEARANCE

14. If you are currently using hearing instruments, please answer the following:

Which ear was aided? ____ Left ____ Right

How long have you worn the devices?

What would you improve with your current devices?
