



AUDIOLOGICAL CASE HISTORY

GENERAL INFORMATION					
Name:			Occupation:		
Date of Birth:	Gender: 🗌 Male		Referred by:		
Email Address:					
Home Phone: ()		Cell Ph	one: ()		
PURPOSE OF EXAMINATION	:				
CASE LUSTORY					
CASE HISTORY					
Chief complaint:					
Situations of greatest difficu	lty:				
Description of onset and pro	gression of loss:				
-					
Ear pathology and treatment	t and/or surgery:				
-					
Associated physical sympton	ns, diseases, and disabil	lities:			

Noise exposure: Eamily history of hearing loss: ARING AID STATUS					
Right Constant Left Periodic Joise exposure: amily history of hearing loss: ARING AID STATUS					
Right		T			
Left Periodic	NITUS:		SEVERITY:		DESCRIBE:
Vertigo:		Right □ Constant □			
Noise exposure: Family history of hearing loss: EARING AID STATUS		Left ☐ Periodic ☐			
Family history of hearing loss:	tigo:				
Family history of hearing loss:					
EARING AID STATUS	se exposure:				
EARING AID STATUS					
EARING AID STATUS					
	nily history of hearing l	oss:			
MAKE & MODEL: EAR: DATE OBTAINED:	RING AID STATUS				
	KE & MODEL:	EAR:	DATE OBTAINED	<u> </u>	EFFECTIVENESS:
JRAL REHABILITATION	AL REHABILITATION				
TYPE: WHERE ATTENDED: DATE:	'E:	WHERE ATTENDED	D:	DATE:	
OTHER COMMENTS:					