

Blue Ridge Hearing and Balance Clinic

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510 Cherry St.#205, Bluefield WV 24701
Phone: (304) 324-2954 Fax: (304) 342-2955

COMPLAINT:

Please Circle

Do you have problems hearing? Y N
How long? _____ Which ear? Right ___ Left ___ Both ___

On a scale of 1 to 10, with 1 being "no problem" and 10 being "intolerable" –
How would you rate your hearing problem _____

Have you had a hearing test in the past five years? Y N

Do your family or friends complain about your hearing? Y N

Do your family or friends tell you keep the TV volume too high? Y N

Do you hear noises (tinnitus) in your ears or in your head? Y N
Which ear? Right ___ Left ___ Both ___
How often? Constantly ___ Occasionally ___ Unsure ___

Do you have: *Dizziness ___ Ear pain ___ Headaches ___ Discharge from your ears ___ (Check all that apply)

Have you ever worn a hearing aid? Y N
Which ear? Right ___ Left ___ Both ___ How long? _____

***IF YOU ARE HERE FOR DIZZINESS PLEASE NOTIFY THE RECEPTIONIST**

HISTORY:

Does anyone in your family, including cousins, have hearing loss? Y N

Have you ever had a skull fracture or concussion? Y N

Have you ever had any ear surgery? Y N
Which ear? Right ___ Left ___ Both ___

Have you ever had any ear infections? Y N
Which ear? Right ___ Left ___ Both ___

Have you ever been exposed regularly to loud noises? Y N
If yes, where? _____ How long? _____

Do you take any medications regularly? Y N
If yes, for what conditions? _____

Have you ever been given drugs that you were told might affect your hearing or balance? Y N
What were they? _____

Check the illnesses you have had:
Meningitis ___ Malaria ___ Mumps ___ Scarlet Fever ___ Diabetes ___
Heart Trouble ___ High Blood Pressure ___ Asthma ___ Lung Trouble ___

How did you hear about us? _____