



Community Audiology Services, LLC ADULT CASE HISTORY

Name: _____
Print Name Today's Date

1. Preferred/primary means of communication:

- Oral language
- Written language
- American Sign Language (ASL)
- Other: _____

2. Please check ALL that apply:

- Hearing loss
- Balance problems (e.g., dizziness, vertigo)
- Tinnitus (e.g., ringing/buzzing/hissing sound in ears)
- Ear fullness/pressure
- Ear pain
- Ear drainage
- Family history of hearing loss
- History of ear infections
- History of ear surgery
- History of ear/head trauma
- History of loud noise exposure
- History of using hearing aids

3. If applicable, please describe your hearing loss.

Which ear? _____ How long have you had a hearing loss? _____ Date of last hearing exam? _____

4. If applicable, please describe your tinnitus.

Which ear? _____ How long have you had tinnitus? _____ Constant or intermittent? _____

How long does the tinnitus last once it begins? _____

5. If applicable, please describe your balance problems.

How long have you had balance problems? _____ Do you spin towards a particular side? _____ If yes, which side? _____

How long does the balance episode last once it begins? _____

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