HHA – New Patient

Rametta Audiology & Hearing Aid Center

PATIENT INFORMATION

Patient name

Date

GENERAL HISTORY

Date of last hearing exam

Name of last hearing exam provider

Recommendations from last hearing exam

How long ago did you start to notice a decline in your hearing? ☐ <90 days ☐ 1–3 years ☐ 4–6 years ☐ 7+ years

Have you ever used assistive listening devices? ☐ Yes ☐ No

Do you experience acute or chronic dizziness? ☐ Yes ☐ No

Do you have a family history of hearing loss? ☐ Yes ☐ No

If yes, which family member?

MEDICAL HISTORY

☐ Diabetes
☐ Radiation therapy to local area
☐ Impaired immune system
☐ Cognitive impairment
☐ Chemotherapy (last 6 months)
☐ TMJ

Allergies (medications, latex, etc.)

Current medications

Major surgeries and illnesses (last 10 years)

Do you have regular MRIs? ☐ Yes ☐ No

Have you had ear surgery? Specify which ear and surgery type below. ☐ Yes ☐ No

In our professional experience, we have found that many of our patients describe hearing loss as the perception of Sound Voids, a moment lacking clarity in hearing or understanding. This affects not only their normal daily routines but the lives of those around them. We would like to ask you a few situational questions to better understand your listening lifestyle and how we might improve your quality of life.

10 SOUND VOID® QUESTIONS

SITUATION	FREQUENTLY	SOMETIMES	RARELY
1. When using the telephone, how often are you experiencing Sound Voids?	☐	☐	☐
2. When watching television, how often are you experiencing Sound Voids?	☐	☐	☐
3. When eating in restaurants, how often are you experiencing Sound Voids?	☐	☐	☐
4. How often are Sound Voids limiting or hampering your social or personal life?	☐	☐	☐
5. How often do Sound Voids cause you to ask someone to repeat themselves?	☐	☐	☐
6. When in the presence of background noise, how often are you experiencing Sound Voids?	☐	☐	☐
7. When listening to women's or children's voices, how often are you experiencing Sound Voids?	☐	☐	☐
8. How often are Sound Voids causing you to hear people speak but not understand what they are saying?	☐	☐	☐
9. How often are Sound Voids causing you to feel as though other people are mumbling?	☐	☐	☐
10. How often are Sound Voids causing you to feel stressed or tired after listening for long periods of time?	☐	☐	☐

PLEASE PROVIDE THE TOP THREE LISTENING SITUATIONS WHERE YOU WOULD LIKE TO HEAR BETTER

☐ Driving	☐ Outdoors	☐ Telephone
☐ Family	☐ Religious	☐ Television
☐ Meetings	☐ Restaurants	☐ Travel
☐ Music	☐ Social	☐ Other _____

Below are four listening lifestyles that range from frequent to rare background noise you might experience throughout your day. When you think about your daily activities, in addition to your less frequent but important activities, which lifestyle best describes you now and where you'd like to be?

LISTENING LIFESTYLES

	CURRENT	DESIRED
Active (Frequent background noise)	☐	☐
Casual (Occasional background noise)	☐	☐
Quiet (Limited background noise)	☐	☐
Very Quiet (Rare background noise)	☐	☐

ADDITIONAL NOTES TO DISCUSS WITH MY PROVIDER

This Side for Office Use Only — Do Not Fill Out

LEFT EAR		
Patient Experience	☐ Poor hearing ☐ Pain/discomfort ☐ Ringing	☐ Drainage (past 90 days) ☐ Excessive noise exposure
Audiometric Range	☐ Within range	☐ Out of range
Middle Ear & Outer Ear	☐ TM perforation ☐ Cholesteatoma ☐ Cerumen buildup ☐ Chronic or acute drainage ☐ PE tube	☐ Malformation ☐ Keratosis obturans ☐ Osteoma ☐ Exostosis
Skin Condition	☐ Contact dermatitis ☐ Chronic external otitis	☐ Thin, dry skin; risk of trauma ☐ Drainage (past 90 days)
Ear Geometry	☐ Too narrow ☐ Ant/post bulge	☐ Vertical step ☐ V-shaped

RIGHT EAR		
Patient Experience	☐ Poor hearing ☐ Pain/discomfort ☐ Ringing	☐ Drainage (past 90 days) ☐ Excessive noise exposure
Audiometric Range	☐ Within range	☐ Out of range
Middle Ear & Outer Ear	☐ TM perforation ☐ Cholesteatoma ☐ Cerumen buildup ☐ Chronic or acute drainage ☐ PE tube	☐ Malformation ☐ Keratosis obturans ☐ Osteoma ☐ Exostosis
Skin Condition	☐ Contact dermatitis ☐ Chronic external otitis	☐ Thin, dry skin; risk of trauma ☐ Drainage (past 90 days)
Ear Geometry	☐ Too narrow ☐ Ant/post bulge	☐ Vertical step ☐ V-shaped