HHA – Current Hearing Tech Users

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

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

CURRENT HEARING TECHNOLOGY

Brand and model of your hearing technology:				
Select your style of hearing technology:	☐ Behind ear	☐ In ear		
Do you wear hearing technology in both ears?	☐ Yes	☐ No		
Years since you last purchased your hearing technology:	☐ <90 days	☐ 1–3 years	☐ 4–6 years	☐ 7+ years
How often are you wearing your hearing technology?	☐ Frequently	☐ Sometimes	☐ Rarely	
Do you have specific concerns regarding your ears or hearing? (Poor hearing, ringing, pain/discomfort, drainage, excessive noise exposure)	☐ Yes	☐ No		

MY CURRENT HEARING TECHNOLOGY ...

	YES	NO
Feels comfortable	☐	☐
Emits feedback or whistling noises	☐	☐
Provides hearing confidence on a day-to-day basis	☐	☐
Is cosmetically appealing	☐	☐

WHEN WEARING YOUR CURRENT HEARING TECHNOLOGY, HOW OFTEN DO YOU EXPERIENCE DIFFICULTIES?

SITUATION	FREQUENTLY	SOMETIMES	RARELY
1. On the phone	☐	☐	☐
2. While watching TV	☐	☐	☐
3. In a restaurant	☐	☐	☐
4. In social or personal life	☐	☐	☐
5. Causing you to ask people to repeat themselves	☐	☐	☐
6. In background noise	☐	☐	☐
7. In conversations with women or children	☐	☐	☐
8. When trying to understand what others are saying	☐	☐	☐
9. When you feel like people are mumbling	☐	☐	☐
10. Involving extra stress or fatigue	☐	☐	☐

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

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

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

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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