

Vancouver Ear Nose and Throat Head & Neck Surgery Clinic

▫ **EAST**
1405 SE 164th Ave., Ste.102
Vancouver, WA 98683
(360) 256-4425

▫ **SALMON CREEK**
14411 NE 20th Ave., Ste.101
Vancouver, WA 98686
(360) 256-4425

Name: _____ Age: _____ DOB: ___/___/___ Occupation: _____

Please answer all questions with "Yes" or "No" or Circle.

1. Problem today is Hearing Loss? _____ Worse ear? _____
2. Hearing Loss (HL) Rt. Ear is: 1. Minimal 2. Mild 3. Moderate 4. Severe 5. Total _____
3. Hearing Loss (HL) Lf. Ear is: 1. Minimal 2. Mild 3. Moderate 4. Severe 5. Total _____
4. HL 1st noted: when? _____ Hearing: Normal in High School? _____
5. HL onset was: sudden or gradual? _____ Specifics? _____
6. HL progress: Slow _____ Rapid _____ Steady _____ Fluctuating _____ Sudden _____
7. HL caused by? _____
8. HL aggravated by? Accident? _____ Injury? _____ Infection? _____ Other? _____
9. HL associated with? Pain _____ Pressure _____ Plugging _____ Perforation _____
10. HL associated with: Ear Noises _____ Ringing _____ Roaring _____ Popping _____ Other _____
11. Ever had: Severe Dizziness? _____ Imbalance? _____ Meniere's Disease? _____
12. Ever had ear infections? _____ Childhood _____ Adult _____
13. Ever had ear injury? _____ Head injury, serious? _____ Concussion? _____
14. Ever had HL caused or aggravated by :Illness? _____ High Fever? _____ Sinus? _____
15. Ever had HL caused or aggravated by ear-toxic drugs? _____ Medicines? _____
16. Ever had medical treatment for: Ear Disease? _____ Ear Surgery? _____
17. Hearing test done elsewhere? _____ Latest Where? _____ Where? _____
18. Other tests done where? _____ At Work? _____
19. Ever worn or tried hearing aids? _____ When? _____
20. High School Graduation Year? _____ Where? _____
21. Military Experience? _____ Years 19 _____ to 20 _____ Job? _____
22. Occupation? _____ Employed now? _____
23. Employer current? _____ City? _____ Dates? _____
Noise Severe? _____ Ear Protection Worn? _____ Years? _____
Source of Noise? _____
24. Previous employers: Please list on back of sheet. _____
25. Ear Protection (EP) worn? _____ Years? _____ Jobs? _____
26. Hearing loss claim filed? _____
27. Other Disabilities? _____
28. Other Severe Noise? _____ Gunfire? _____ Hunting? _____ Chainsaws? _____
Woodworking? _____ Loud Music? _____ Explosions? _____ Other? _____

Past Medical History

- General health is: Excellent _____ Good _____ Fair _____ Poor _____
1. Allergies? _____ Hay fever? _____ Asthma? _____ Hives? _____ Drug Reactions? _____
 2. Current Medications: 1. _____ 2. _____ 3. _____ 4. _____
 3. Serious Illness: 1. _____ 2. _____ 3. _____ 4. _____
Heart Disease? _____ Lung Disease? _____ Liver Disease? _____ Kidney Disease? _____ Arthritis? _____
High Blood Pressure? _____ Diabetes? _____ Meningitis? _____ Cancer? _____
 4. Surgeries: 1. _____ 2. _____ 3. _____ 4. _____
 5. Injuries: 1. _____ 2. _____ 3. _____ 4. _____
 6. Habits: Tobacco _____ Alcohol _____ Drugs _____
 7. Family History: HL before age 50 in family members: _____
 8. Social History: Married? _____ #of Children at home? _____ Unusual Stress? _____

Sign _____ Date _____ Referred by: _____