CAROLYN J. AGRESTI, M.D.
EAR, NOSE AND THROAT, INC • HEARING AND BALANCE, LLC

ADULT HEARING AND BALANCE PATIENT HISTORY

NAME	DATE

Hearing History

☐ Hearing Loss	**Which Ear?:** ○ Right ○ Left ○ Both	**How Long?:** yrs. mos.	☐ None
☐ Hearing Test	**When?:**	**Where?:**	☐ None
☐ Family History of Hearing Loss	☐ Mother ☐ Father ☐ Siblings ☐ Grandparents ☐ <40 years old		☐ None
☐ Feeling of Ear Pressure/Fullness	**Which Ear?:** ○ Right ○ Left ○ Both	**How Long?:** yrs. mos.	☐ None
☐ Tinnitus ("Ringing Noise in Ears")	**Which Ear?:** ○ Right ○ Left ○ Both	○ Constant ○ Intermittent	☐ None
☐ Sensitivity to Loud Noises	**Which Ear?:** ○ Right ○ Left ○ Both	**Types of Sounds:**	☐ None
☐ Repeat Ear Infections	**Which Ear?:** ○ Right ○ Left ○ Both		☐ None
☐ Hole in Ear Drum	**Which Ear?:** ○ Right ○ Left ○ Both		☐ None
☐ Treament with:	☐ Intravenous Antibiotics ☐ Radiation ☐ Chemotherapy	**Why?:**	☐ None
☐ Exposure to Noise Trauma	☐ Concerts ☐ Jet Engines ☐ Firearms ☐ Musical Instruments ☐ Other:		☐ None

Ear Surgery

☐ Tubes	**Which Ear?:** ○ Right ○ Left ○ Both	☐ None
☐ Ear Drum Repair	**Which Ear?:** ○ Right ○ Left ○ Both	☐ None
☐ Mastoid	**Which Ear?:** ○ Right ○ Left ○ Both	☐ None
☐ Stapedectomy	**Which Ear?:** ○ Right ○ Left ○ Both	☐ None

Balance History

☐ Vertigo (Room spinning)	**When Did It Start?:**		☐ None
☐ Dizziness, Lightheadedness, Imbalance	**When Did It Start?:**	**How Long Did It Last?:**	☐ None
☐ Swaying While Walking	**To Which Side?:** ○ Right ○ Left		☐ None
☐ Treated in the Past	**Previous Diagnosis:**		☐ None

Hearing Aid History

☐ Hearing Aids	**Which Ear?:** ○ Right ○ Left ○ Both	**What Kind?:**	☐ None
How old is (are) your Aid(s): yrs. mos.		**How often do you wear it (them)?:** ○ Daily ○ Occasionally	
☐ Using an Assistive Listening Device	☐ TV System ☐ FM System ☐ Amplified Phone ☐ Other:		☐ None

PATIENT SIGNATURE	DATE