New Jersey Audiology & Hearing Aid Centers, Inc.
500 Lakehurst Road, 2nd Floor Toms River, NJ 08755
732-914-8022 (phone) 732-914-0066 (fax)
85 Nautilus Drive, Suite B, Manahawkin, NJ 08050
609-978-8033 (phone) 609-978-2208 (fax)

HEARING HEALTH PROFILE

NAME: ____ D.O.B._____/______/_____ AGE________

HOW DID YOU HEAR ABOUT US? ____

WHEN WAS THE LAST TIME YOU HAD YOUR HEARING TESTED? _________________________________

DO YOU HAVE DIFFICULTY HEARING? ☐ NO ☐ YES

HOW LONG HAVE YOU NOTICED HEARING LOSS? ___________RECENTLY (less than 90 days)

_____________LESS THAN ONE YEAR___________1-3 YEARS________________MORE THAN 3 YEARS

IN WHICH OF THE FOLLOWING SITUATIONS DO YOU EXPERIENCE DIFFICULTY HEARING OR UNDERSTANDING?

☐ ONE-ON-ONE CONVERSATIONS	☐ SPOUSE	☐ TV/RADIO
☐ SMALL GROUPS	☐ CROWDS	☐ IN THE CAR
☐ MOVIES/ AUDITORIUM	☐ PHONE	☐ RESTAURANTS
☐ CHURCH/SYNAGOGUE		

IS YOUR LOSS IN ONE OR BOTH EARS? ☐ RIGHT ☐ LEFT ☐ BOTH

DO YOU HAVE PAIN, DISCOMFORT OR DRAINAGE FROM YOUR EARS? ☐ NO ☐ YES

DO YOU HAVE ANY RINGING, BUZZING, OTHER NOISES IN YOUR EARS? ☐ NO ☐ YES

DO YOU HAVE DIZZINESS, LOSS OF BALANCE OR LIGHT-HEADNESS? ☐ NO ☐ YES

HAVE YOU EVER BEEN EXPOSED TO EXTREMELY LOUD NOISE? ☐ NO ☐ YES

IS THERE ANYONE IN YOUR FAMILY WHO HAS HEARING LOSS? ☐ NO ☐ YES

HAVE YOU EVER HAD SURGERY ON YOU EAR(S)? NO ___ IF YES, PLEASE EXPLAIN:

____

DO YOU TAKE MEDICATION ON A REGULAR BASIS? IF YES, WHAT ARE THESE MEDICATIONS FOR?

NO________ YES ____

____

DO YOU HAVE VISION PROBLEMS? ☐ NO ☐ YES DO YOU WEAR GLASSES? ☐ NO ☐ YES

HAVE YOU HAD SURGERY WITH GENERAL ANETHESIA IN THE PAST 5 YEARS? ☐ NO ☐ YES

HAVE YOU EXPERIENCED ANY HEAD INJURY OR HEAD TRAUMA? ☐ NO ☐ YES

HAVE YOU EVER WORN A HEARING AID? ☐ NO ☐ YES

DO YOU WEAR HEARING AIDS NOW? ☐ NO ☐ YES

IF SO, WHAT TYPE OF HEARING AID DO YOU WEAR? ___________________________________

IF WE FIND THROUGH OUR EVALUATION THAT WE CAN HELP YOU, ARE YOU READY FOR THAT HELP?

____

PATIENT SIGNATURE ________________________________ DATE: ____________________