



USF Hearing and Balance Center

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Director & Assistant Professor

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Clinical Audiologist

NAME: _____

DATE: _____

Referred by _____

Explain the reason for your visit: _____

Briefly describe any medical condition you think we should know about: _____

Do you feel you have a hearing problem? That also can mean that sometimes you hear but don't understand what people say. Yes No

How would you rate your communication difficulty? Mild Moderate Severe

Which ear is your better hearing ear? Right Left The same Don't know

Do you have a history of noise exposure? Yes No

If yes, please describe: _____

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

Have you ever had any type of ear surgery? Yes No

Describe: _____

Do you currently have drainage from your ears? Yes No

Do you have noises in your ear(s) or head? Yes No

Describe: _____

Which ear? Right Left Both Don't know

Have you ever had chemotherapy? Yes No For What? _____

Have you ever had radiation therapy of the head, neck, or ear? Yes No

Do you wear hearing aid(s)? Yes No Which ear? Right Left Both

If you know the make and model of your hearing aid, please describe: _____
