

129 E. Grant Street  
West Point, NE 68788



1627 East Military Ave  
Fremont, NE 68025

## MENDLIK AUDIOLOGY

Patient Acct #: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### ADULT CASE HISTORY:

Do you have any pain in either ear today? Yes / No  
Have you had a sudden or rapid loss of hearing in the past 90 days? Yes / No  
Do you have acute or chronic dizziness that causes you to lay down to recover? Yes / No  
Do you have a loss that began in only one ear in the past 90 days? Yes / No  
Have you had ear surgery? Yes / No  
Do you have any head noises or tinnitus? Yes / No  
Is there hearing loss in your family? Please specify: \_\_\_\_\_

Do you have allergies to Plastics? Yes / No  
Have you ever worn hearing aids in the past? Yes / No  
What type? \_\_\_\_\_ Dispensed by: \_\_\_\_\_  
Do you take medication regularly? Specify: \_\_\_\_\_  
Which is your better ear? Right/Left/Same  
Do you get confused about which direction a sound is coming from? Yes / No  
Have you working in noisy environments assembly lines, jackhammers, jet engines, etc.)? Yes / No  
Have you noticed that people seem to mumble? Yes / No  
Do you have to strain to understand conversations? Yes / No  
Do you have trouble hearing conversations in a noisy background such as a party or restaurant? Yes / No  
Do you misunderstand some words in a sentence and need to ask people to repeat themselves? Yes / No  
Do you especially have trouble understanding the speech of women and children? Yes / No  
Do people get annoyed because you misunderstand what they say? Yes / No  
Do you misunderstand what others are saying and make inappropriate responses? Yes / No  
Do you avoid social activities because you cannot hear well? Yes / No  
Do you have a problem hearing over the telephone? Yes / No  
Do people complain that you turn the TV volume too high? Yes / No  
Do you miss hearing some common sounds like the phone or doorbell ringing? Yes / No  
Has your ear drained any fluid in the past 90 days? Yes / No

### To be answered by a family member:

Do you think this person has hearing loss? Yes / No  
Is there visible or traumatic deformity of the ear? Yes / No  
Is there visible evidence of ear wax accumulation or foreign body in either ear canal? Yes / No  
Is there an Air/Bone gap in the pure ton test equal to or greater than 15dB at 500/1000/2000 Hz? Yes / No

### Otoscopic Check:

Right: Clean \_\_\_\_\_ Blocked \_\_\_\_\_ Other \_\_\_\_\_  
Left: Clean \_\_\_\_\_ Blocked \_\_\_\_\_ Other \_\_\_\_\_

Patient Referred to: \_\_\_\_\_