

# *The Hearing Care Centre*

## **Medical and Lifestyle Questionnaire** (page 1 of 3)

For office use

**Please complete as much of this form as you are able to** in advance of your appointment and give it to the Hearing Aid Audiologist during the consultation to assist him/her in assessing your hearing. If you suspect that you have excessive wax in your ears, you may wish to consult your family doctor or Practice Nurse before seeing our Hearing Aid Audiologist.

Full Name.....

Address.....

.....

.....

.....

Telephone No.....

e-mail.....

Date of Birth.....

Occupation.....

Family Doctor's

Name.....

Address.....

.....

.....

.....

Do you currently have NHS hearing aids? Yes/No

Do you currently have privately-purchased hearing aids? Yes/No

Have you visited a doctor about earache in the last 90 days? Yes/No

If yes, give details.....

.....

.....

Have you noticed any discharge, other than wax, from your ears in the last 90 days? Yes/No

If yes, give details.....

.....

.....

Has your hearing loss been of a sudden or rapid nature? Yes/No

If yes, give details.....

.....

.....

Which is your better hearing ear? Left / Right / No Difference

Have you noticed your hearing has been fluctuating in the last 90 days? Yes/No

If yes, give details.....

.....

.....

# Medical and Lifestyle Questionnaire (page 2 of 3)

Have you had any exposure to excessive noise in the last 5 years? Yes/No

If yes, give details.....  
.....  
.....

Do you suffer from tinnitus? (ringing or buzzing noises in your ears or in your head) Yes/No

If yes, circle the relevant words

Continuous  
Intermittent

Left  
Right  
Both

Do you suffer from Vertigo or any balance problems? Yes/No

If yes, give details.....  
.....  
.....

Is there any history of hearing problems in your family? Yes/No

If yes, give details.....  
.....  
.....

Do you recall having any problems with your ears as a child? Yes/No

If yes, give details.....  
.....  
.....

Approximately, how long ago did you first become aware of a problem with your hearing?      .....Years      .....Months

Have you consulted anyone previously, in connection with your hearing difficulty? Yes/No

If yes, give details.....  
.....  
.....

Do you find yourself in a number of different listening situations each day? Yes/No

If yes, give details of a maximum of 5 of these situations, where difficulty in hearing occurs

- 1
- 2
- 3
- 4
- 5

## Medical and Lifestyle Questionnaire (page 3 of 3)

Do you find yourself having to ask people to repeat themselves when you are in conversation? Yes/No

Do you have difficulty hearing children's voices or the voices of people who are soft spoken? Yes/No

Do you go to the church, theatre or other public places on a regular basis? Yes/No

Please mark each of the following hearing situations from 1 to 6, (where 6 is the least difficulty and 1 is the most difficulty).

a) In a crowded bar or restaurant	1	2	3	4	5	6
b) In a bank or at the shops	1	2	3	4	5	6
c) When listening to TV at home	1	2	3	4	5	6
d) Talking in a quiet room, one to one	1	2	3	4	5	6
e) Talking in a car	1	2	3	4	5	6
f) Talking on a telephone	1	2	3	4	5	6

How did you find out about The Hearing Care Centre?

- From an ENT Consultant
- From your family doctor
- From a friend / family member
- From yellow pages
- From a leaflet/advert/poster
- From the internet
- Other (please specify).....

Thank you for taking the time to complete this questionnaire. It will save time for you and our Hearing Aid Audiologist at your consultation.

**Signed**.....

**Date**.....

Information on your visit may be passed to your family doctor (GP). If you do not want this information passed to your GP please tick here

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