



FACIAL PLASTIC SURGERY

Audiology

Name: _____

DOB: _____

Hearing Health History

Is there a family history of hearing loss? Yes No

If yes, who? _____

Have you recently had any ear pain? Yes No

Have you recently had any ear drainage? Yes No

Have you recently had any pressure in your ears? Yes No

Have you had ringing/buzzing in your ears? No Right Left Both

Have you had any dizziness? Yes No

Explain: _____

Do you have a history of ear infections/ear surgery? Yes No

Do you have a history of noise exposure? Yes No

Use of firearms? Yes No Routine hearing test at work? Yes

Did you serve in the armed forces? Yes No Have you ever operated heavy equipment? Yes No

Did work require hearing protection? Yes No History of factory work? Yes No

History of loud music? Yes No Did you grow up on farm? Yes No

Have you had a hearing test done recently? Yes When: _____ No

Where: _____

Amplification History

Do you wear or have you ever worn hearing aids? No Right Left Both

If not, will you wear a hearing aid if it can help you hear better? Yes No

If yes, and you could improve something about your current hearing aids, what would it be?

Explain: _____
