



Audiological History

Patient Name:

| | | No |
|--|---|----|
| 1. Have you been exposed to loud noises in the last 16 hours without hearing protection? How many hours ago? Type of noise? | * | |
| 2. Do you have a cold today? | * | |
| 3. Have you ever been told or noticed that you are hard of hearing or have hearing loss? | | |
| 4. Do you have ringing or buzzing in your ears? | | |
| 5. Do you have a history of any of the following: Ear infections Wax buildup Ear surgery Dizziness Allergies Head injury Earaches Family history of hearing loss | | |
| 6. Do you normally use hearing protection at work? If yes, what kind(s)? Plugs Muffs Other: How often? Always Sometimes Never | | |
| 7. History: a. Are you routinely exposed to noise at your current job? If yes what type of noise Describe the noise and employer How often do you wear hearing protection? Always Sometimes Never b. Have you ever been exposed to noise in a previous employment? Describe the noise and employer How often did you wear hearing protection? Always Sometimes Never c. If you were in the military, were you exposed to noise <u>without</u> ear protection? What type of noise? How often? Always Sometimes Never d. Are you currently exposed to any of the following noises off-the job? Chainsaw Lawnmower Motorcycle Firearm Tractor Loud Music Power Tool Other: How often do you use hearing protection when exposed to the above noises? Always Sometimes Never | | |

*If yes to # 1 or 2 Physician review and approval is necessary before proceeding with audiogram.