



# BIG SKY AUDIOLOGY<sup>LLC</sup>

Experience Life's Moments

## Medical History Form

111 S. 24th St. W. • Unit 7 • Billings, Montana 59102 | P: 656-2003 • www.bigskyaudiology.com

Name: (Last)

(First)

Age:

Date:

1. What is the primary reason for today's visit:

2. How long have you been experiencing this problem?

**Recently / 1-3 / 4-6 / 7-10 / More than 10 Years**

3. Have you had your hearing tested before? **Yes / No**

4. Do any members of your family have a hearing problem? **Yes / No**

5. Do you have a history of ear infections? **Yes / No**

6. Have you had surgery on your ears? **Yes / No**

7. Do you hear noises in your ears or head? (Tinnitus) **Yes / No**

8. Are you experiencing any problems with dizziness? **Yes / No**

9. In the past 6 months have you experienced ear pain, fullness in the ears or ear drainage? **Yes / No**

10. Please List any medical history or conditions.

11. Do you take medications regularly? **Yes / No**

12. Have you ever been exposed to excessively loud noises? **Yes / No**

13. Do you currently use a hearing aid(s)? **Yes / No**

14. What's most important to you in your consideration of hearing aids?

**Cosmetics - price - function of hearing aid - handling/dexterity  
- connectivity to cellphone** (circle all that apply)

Determining listening and life style needs

### Doctor Notes:

Rarely  
Occasionally  
Frequently

1. You are actively working and need to communicate with many people throughout the day.

1 2 3

2. You spend time at loud activities like sporting events or concerts where you need to hear in the presence of a great deal of background noise.

1 2 3

3. You attend large parties or go to busy restaurants.

1 2 3

4. You go shopping or spend time in public places where being able to communicate is important.

1 2 3

5. You attend social gatherings such as large meetings, religious events, theater, bingo, etc.

1 2 3

6. You attend work or social meetings where you need to be able to communicate.

1 2 3

7. You need to hear in quiet restaurants.

1 2 3

8. You need to be able to communicate in small group settings.

1 2 3

9. You need to be able to hear in one-on-one settings.

1 2 3

10. You spend quite a bit of time involved in quiet home activities.

1 2 3

Add all scores for the questions together to start determining your lifestyle needs.

+ + =

Please provide the top three listening situations where you would like to hear better.

1. 2. 3.

Scoring Key

10-16  
QUIET

17-23  
MODERATE

24-30  
CHALLENGING