Shipman ENT & Associates

3201 University Dr. E Ste 375
Bryan, TX 77802
Office: 979.731.8284
Fax: 979.774.0875
www.shipmanent.com

Board certified experience. Leading edge solutions

Case History Form

Name: _____Date of Birth: _____

Which ear do you think the problem is with: ___ left ___ right ___ both the same ___ unsure

What is the quality of your hearing?

_____ hearing seems ok, but poor speech discrimination

_____ sounds seem distorted

_____ sounds seem muffled or distant

_____ other _____

Overall severity? ___ mild ___ moderate ___ severe ___ very severe ___ profound

When did you first notice you had a hearing problem? _____

Initial pattern of development? ___ almost instantly ___ very rapid ___ steadily ___ present at birth

Setting in which it first occurred? ___ after ear infection ___ after noise exposure ___ after trauma to ear

___ during allergy attack ___ other: _____

Do you have? ___ ringing in the ear ___ recurrent sinusitis ___ known allergies

___ frequent nasal congestion ___ ear pain ___ recurrent middle ear infections

Have you ever had a hearing test before? ___ No ___ Yes If yes, when and where: _____

Have you had any recent ear surgeries? ___ No ___ Yes If yes, describe:_____

_____

Have you ever worn hearing aid before? ___ No ___ Yes