

# INDIANA UNIVERSITY

Audiology Clinic, 2631 East Discovery Parkway Bloomington, IN 47408

## Adult Case History-Returning patient

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Referral Source: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

### 1. Hearing:

Change in hearing?  Yes  No  Unsure \_\_\_\_\_

Change in balance?  Yes  No  Unsure \_\_\_\_\_

Noises in ears (tinnitus) or changes in tinnitus?  Yes  No  Unsure \_\_\_\_\_

### 2. Medical History: (check all that apply)

Ear pain ( Right  Left  Both) Onset/Describe: \_\_\_\_\_

Discharge from the ear ( Right  Left  Both) Onset/Describe: \_\_\_\_\_

Fullness or pressure ( Right  Left  Both) Onset/Describe: \_\_\_\_\_

Two or more falls in the past year or once with an injury:  Yes  No

Vestibular/Balance Treatment(s): \_\_\_\_\_

Do you take Vitamin D?  Yes  No

Hospitalizations/Surgeries (Date/Type): \_\_\_\_\_

### Medical Conditions:

Diabetes  Cancer  Depression  Multiple Sclerosis  Heart Disease  Vascular Conditions

Meningitis  Autoimmune Disease  Head injury  Psychiatric  HIV/AIDS  Migraines

Neurologic conditions  Visual Issues  Other \_\_\_\_\_

Tobacco use in the last two years:  Yes  No

Type of tobacco product:  cigarettes/cigars/pipes  electronic-cigarette  chewing tobacco

Alcohol Use:  Yes  No Frequency: \_\_\_\_\_

Recreational drug or marijuana use:  Yes  No Frequency: \_\_\_\_\_

Current Medications and supplements (include dosage, frequency and route):

Name	Dosage	Frequency	Route

Allergies: \_\_\_\_\_

Hearing aid information:

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**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form date: 5/17/2017