198 Uinta Dr.
Green River, WY 82935
Rebecca A. Price, AuD

BRC Family Hearing SOLUTIONS

P: 307-875-1460
F: 307-875-1586
Libby Mehle, AuD, F-AAA

Adult History Form

Patient Name:_____ DOB _____Today's Date_____

1. What is your main reason for today's visit?
   _____
2. How did you hear about BRC Family Hearing Solutions?_____
   a. Referral Source:_____
3. Have you experienced any ear infections; either as a child or an adult?
   As a Child: Yes__ No___ Right ear__ Left ear__ Both__
   As an Adult: Yes__ No__ Left ear____ Right ear___ Both___
4. Have you experienced any pain or discomfort in the last 90 days?
   Yes__ No___ If yes, Onset date:_____ Left ear___ Right ear___ Both___
5. Have you experienced any drainage from your ears in the last 90 days?
   Yes___ No____ If yes, Onset date:_____ Left ear___ Right ear___ Both___
6. Have you experienced any unexplained dizziness in the last 90 days?
   Yes___ No____ If yes, Onset date:_____
7. Has there been a sudden decrease in hearing in the last 90 days?
   Yes__ No___ If yes, Onset date:_____ Left ear____ Right ear_____ Both____
8. Do you have ringing or noises in your ears?
   Yes__ No__ Left ear____ Right ear____ Both___
9. Do you have a history of noise exposure?
   Yes__ No__ If yes, Occupational___ Recreational___

a. Do you wear hearing protection? Always__ Sometimes___ Never__

2. Have you ever seen an Ear, Nose and Throat (ENT) physician?
   Yes__ No__ If yes, Who_____ When_____ Why_____
11. Does anyone in your family wear hearing aids?
    Yes__ No__ If yes, who?_____
12. Do you currently wear hearing aids?
    Yes__ No__ Right___ Left___ Both___ How old_____ yrs.
13. Are you interested in the use of hearing aids? Yes__ No___
14. Have you had your hearing tested before today?
    Yes__ No__ By whom_____
    What were the recommendations at that time_____
15. Please list all medications including prescription, over-the-counter, herbals, vitamin/mineral/dietary supplements you are currently taking. Please include Name, dose and frequency.

_____ _____
_____ _____
_____ _____
_____ _____