Elena L. Maresca Au.D.
Hearing and Tinnitus Management
2500 Nesconset Highway
Building 3, Suite A
Stony Brook, NY 11790
(631) 780-HEAR
www.liaudiology.com

Please answer the following questions prior to your appointment.

Please bring the completed information packet with you to your evaluation appointment.

If you need more space for your answer, please continue on the back of the questionnaire and indicate the question number.

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PATIENT INFORMATION

DATE _____

NAME Dr. Mr. Mrs. Ms. Miss. _____

ADDRESS _____
_____ DATE OF

BIRTH _____

OCCUPATION _____

HOME PHONE # _____

CELL PHONE # _____

EMAIL ADDRESS _____

MAY WE LEAVE A MESSAGE? _____

SECONDARY CONTACT _____

RELATIONSHIP TO PATIENT _____

MAY WE DISCUSS CASE WITH SECONDARY CONTACT? _____

PRIMARY CARE PHYSICIAN _____

EAR NOSE & THROAT PHYSICIAN _____

REFERRING PHYSICIAN _____

HOW DID YOU HEAR OF OUR PRACTICE_____

_____

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CASE HISTORY

Name _____ Date _____
Address _____
_____
Telephone Number _____
Date Of Birth _____

GENERAL INFORMATION

Primary Care Physician _____ Referring Physician _____ Have you been to this office before?

NO YES How long ago? _____

Who referred you for this evaluation?

___ Self
___ Spouse/family member
___ Friend
___ Doctor Doctor Name _____
___ Nurse/LPN Name _____ ___ Other _____ For what reason was this appointment scheduled?

___ To evaluate hearing
___ Ringing in the ear(s)
___ Dizziness/Loss of balance
___ Ear infection(s)
___ Other_____

HISTORY

Check the following that may apply:

___ History of ear "problems"
___ History of ear surgery
___ History of dizziness or loss of balance
___ History of occupational or recreational noise exposure (military, hunting, construction, factory etc.)
___ History of allergy or sinus problems

___ Family history of hearing loss
___ Family history of dizziness or loss of balance
___ Family history of illness
___ Other medical conditions _____

MEDICATIONS

Please list all medications you are currently taking:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

HEARING LOSS

Do you have a known hearing loss?
NO YES
Is one ear better than the other?
RIGHT LEFT BOTH EARS ARE THE SAME
How long have you noticed the hearing loss?
_____DAYS _____WEEKS _____MONTHS _____YEARS
Has the hearing loss occurred gradually over time or suddenly?
GRADUALLY SUDDENLY
Do you know the cause of your hearing loss?
NO YES *Please list:*_____
Do you have any history of noise exposure such as military service, construction, machinery, dentistry, police, fireman, hunting, musician, etc?
NO YES *Please list*:_____

RINGING IN THE EAR(S)/TINNITUS

Do you have ringing in your ear(s)?
NO YES
If yes how long has the ringing been present?
_____DAYS _____WEEKS _____MONTHS _____YEARS
In which ear(s) is the ringing present?
BOTH RIGHT LEFT
Is the ringing constant or does it occur in episodes?
CONSTANT EPISODIC
Is the ringing a high pitch (bird chirp) or a low pitch (deep like a fog horn)? HIGH PITCH LOW PITCH
Is the ringing pulsing or steady?
PULSING STEADY

DIZZINESS/LOSS OF BALANCE

Do you have a history of dizziness or balance problems?
NO YES

The dizziness or loss of balance is:

___ Constant
___ Episodic, “comes and goes”
___ Only upon movement
___ Accompanied by nausea
___ Other information _____

HEARING AID(S)

I am currently using a hearing aid(s)

NO YES

Hearing Aid information

Date of Purchase _____

Fitting Facility _____ Right ear NONE IN THE EAR BEHIND THE EAR Left ear NONE IN THE EAR BEHIND THE EAR I feel my hearing aid(s) help me

NO YES

If no please explain _____

COMMUNICATION

Do you have problems in the following situation?

___ Normal conversations
___ Group situations
___ Background noise
___ At work
___ Television
___ Telephone
___ Other

_____ How does you hearing loss affect others? (Family & Friends)

_____ _ _____ Is there someone who is more concerned about your hearing than you are?

_____ Does difficulty with your hearing restrict your social or personal life?

_____ I am interested in a new hearing aid(s)

NO YES

I am interested in a hearing aid(s) repair

NO YES

OTHER INFORMATION YOU WOULD LIKE TO SHARE

_____
_
_____
_

_____

_

_____

_

_____

_

PLEASE BRING THIS FINISHED FORM TO YOUR AUDIOLOGY APPOINTMENT
THANK YOU