Preferred Name:_____

Date of Birth:_____

TALLGRASS
BALANCE, HEARING & PHYSICAL THERAPY, LLC

Hearing Intake Form

Do you have difficulty hearing?

☐ Occasionally ☐ Often ☐ All the time ☐ No difficulties

How long have you noticed difficulty hearing?

_____

With which ear do you hear the best?

☐ Right ☐ Left ☐ No Noticeable Difference

Does anyone in your family have a hearing loss?

☐ Yes: _____ ☐ No ☐ Unknown

Have you ever been exposed to recreational (hobbies, firearms, power tools, music) or occupational (work related, military, factory) noise?

☐ Yes: _____ ☐ No

Have you ever had tinnitus (ringing, buzzing, chirping, or roaring?)

☐ Occasionally ☐ Often ☐ All the time ☐ No

If yes, please answer questions on the back

How long have you noticed it? _____

In the last three months have you had any fullness, pressure, ear-aches or drainage from your ears?

☐ Full/ Plugged ☐ Pain ☐ Drainage

Have you ever had your hearing tested?

☐ Yes ☐ No If yes where: _____

Do you have a history of ear infections or medical/ surgical treatments on your head, neck ears or throat?

☐ Yes ☐ No

Do you experience any dizziness or vertigo?

☐ Yes ☐ No

Who referred you to our clinic?

_____

Are you a current hearing aid user?

☐ Yes ☐ No

Where did you get your devices?

_____

Are you satisfied with your current devices?

☐ Yes ☐ No

How long have you had hearing aids?

_____

Tinnitus Questions on Back →

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Tinnitus Screener

You only need to answer these questions if you have experienced tinnitus (ringing, buzzing, chirping, humming etc.) in the last 12 months that has lasted longer than 2-3 minutes at a time.

Have you noticed your tinnitus for longer than 6 months?

☐ Yes ☐ No

In a quiet room, do you notice your tinnitus?

☐ Yes ☐ No ☐ Sometimes

Which is your tinnitus louder?

☐ Right ☐ Left ☐ No Noticeable Difference

Are you able to "block out" your tinnitus?

☐ Yes ☐ No ☐ Sometimes

Does your tinnitus ever go with your pulse?

☐ Yes ☐ No ☐ Sometimes

THI- Screener

	Yes (4)	Sometimes (2)	No (0)
Because of your tinnitus, is it difficult for you to concentrate?	☐	☐	☐
Do you complain a great deal regarding your tinnitus?	☐	☐	☐
Do you feel as though you cannot escape your tinnitus?	☐	☐	☐
Does your tinnitus make you feel confused?	☐	☐	☐
Because of your tinnitus, do you feel frustrated?	☐	☐	☐
Do you feel that you can no longer cope with your tinnitus?	☐	☐	☐
Does your tinnitus make it difficult for you to enjoy life?	☐	☐	☐
Does your tinnitus make you upset?	☐	☐	☐
Because of your tinnitus, do you have trouble falling asleep at night?	☐	☐	☐
Because of your tinnitus do you feel depressed?	☐	☐	☐