WRIGHT AUDIOLOGY AND HEARING AIDS
We're Wright Hear When You Need Us

Wright Audiology and Hearing Aids

816-322-8883
Fax: 816-322-8889
www.wrighthear.com 8424 Clint Dr. – Belton, MO 64012

Patient Name: _____ Date:_____

Please tell us a little about yourself

Do you have Hearing Loss? Right ear / Left ear / Both
If both, is one worse? Right ear / Left ear / Equal
Was your hearing loss: Sudden / Gradual
Does your hearing fluctuate? No / Right ear / Left ear / Both
Do you have Tinnitus (ringing or other noise)? No / Right ear / Left ear / Both
If both, is one worse? Right ear / Left ear / Equal
Do you have any Drainage? No / Right ear / Left ear / Both
Do you have any Pain or discomfort? No / Right ear / Left ear / Both
Do you suffer from Dizziness or vertigo? No / Yes / Occasionally
Have you had previous medical treatment related to your ears? No / Yes
If yes, explain _____

History of noise exposure:

Occupational	Farming	Military	Branch _____
Firearms	Racing	Music	
Power tools	Other _____		

What is your hearing aid experience?

- o Never tried a hearing aid
- o Inquired about hearing aids, but never purchased
- o Trial with hearing aid(s), but returned them
- o Own hearing aid(s), but don't use them regularly
- o Own hearing aid(s) and use them regularly

Do you hear people, but have trouble understanding Always/Sometimes/Never
Do you understand some people better than others? Yes No
Do you have trouble hearing in one-on-one situations? Yes No
Do you have trouble hearing when there is background noise? Yes No
Do you have trouble hearing in meetings or religious services? Yes No
Do you have trouble hearing on the phone? Yes No
Do you turn the TV louder than others like? Yes No

Please list 3 situations in your life that are important for you to hear better

_____
_____
_____