Audible Difference®
5727 Pembroke Drive
Madison, WI 53711-5225
(608) 273-3036
Veronica H. Heide, Au.D.

Date:_____

Confidential Case History Form

Name:

Date of Birth: SSN:

Address:

Phone: HM- WK: FAX: EMAIL:

Ear Health History

Describe any medical problems you have had with the health of your ears:

Check all that apply and describe details in comment section:

	Ear Infections		Ear drainage		Perforated eardrum		Ear Surgery
	Other Medical Conditions		Ear surgery		Other:		

Comments:

List family members who have experienced hearing loss, the age they acquired their hearing loss, how they are related to you, and what you believed caused their hearing loss?

Do you have any of the following? Check all that apply and describe in comment section:

	Headaches		Tinnitus/ Ringing in ears		Dizziness		Difference between ears? If so, which ear is better?

Do your ears ring or feel stuffed up after a performance? Rehersal? Concert?

If you have Tinnitus (ringing in the ears) is it in one ear (L or Rt), or both ears?

Is the tinnitus constant or periodic?

What factors make the tinnitus worse?

Are you super sensitive to loud sound?

(OVER=>)

General Health History Physicisn's Name:

Describe any major medical problems you have had:

List the medications you are currently taking, or any that you have taken in the past that you feel may have affected your hearing.

List any allergies including, medications, foods, or environmental irritants:

Check all that apply and describe details in comment section:

	Head Injury		Scarlet Fever		Mumps, Measles		Tuberculosis
	Diabetes		Seizures		Syphilis		HIV+
	Dialysis		Heart Problems				

Performance History:

Name of Band (s): **Do you sing with your group? Yes/No**

Performance History:

Name of Instrument	Years Played	Hours per Day Played

Do you wear headphones?

Mark your position on stage in relation to other performers:

Stage Right Stage Left

Occupational Hearing History

Circle all that apply and indicate (+/-) whether or not hearing protection devices used:

	Military service		Noise exposure at work		Recreational noise exposure, e.g. motorcycle		Hobbies that make loud noise
	Guns, Target shooting		Farm equipment		Power tools		Engine noise

I authorize the release of any medical or other information necessary to process this claim. I also request payment of benefits to Veronica H. Heide, AuD , Audible Difference LLC.

Signature Date