



Patient Name: \_\_\_\_\_

## AUDIOGRAM QUESTIONNAIRE

Any history of:

	YES	NO
Recurrent ear infections:	<input type="checkbox"/>	<input type="checkbox"/>
Head injury with loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
Perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>
ENT surgery (date: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Any medical conditions that affected hearing (If yes, list: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Any medication that affected hearing (If yes, list: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>
Firing guns	<input type="checkbox"/>	<input type="checkbox"/>
Playing in a band or orchestra	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies or pastimes involving regular exposure to noise (e.g. motor sport, nightclubs)	<input type="checkbox"/>	<input type="checkbox"/>
Recent cough or cold	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear hearing protection? If so, type: _____		
Any noise exposure within the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pulse Staff Signature

\_\_\_\_\_  
Date