PULSE urgent care center

Patient Name: _____

AUDIOGRAM QUESTIONNAIRE

Any history of:

	YES	NO
Recurrent ear infections:	☐	☐
Head injury with loss of consciousness	☐	☐
Perforated eardrum	☐	☐
ENT surgery (date: _____)	☐	☐
Any medical conditions that affected hearing (If yes, list: _____)	☐	☐
Any medication that affected hearing (If yes, list: _____)	☐	☐
Tinnitus	☐	☐
Firing guns	☐	☐
Playing in a band or orchestra	☐	☐
Hobbies or pastimes involving regular exposure to noise (e.g. motor sport, nightclubs)	☐	☐
Recent cough or cold	☐	☐

Do you wear hearing protection? If so, type: _____

Any noise exposure within the last 24 hours? ☐ ☐

_____ _____

Patient Signature Date

_____ _____

Pulse Staff Signature Date