

Standardised history proforma of hearing loss for audiologists

Name

Age

Occupation

Right ear

Hearing loss new/pre-existing (how long has it pre-existed)/new but happened before (when and dates)

Hearing loss came on after a cold/head or ear injury/swimming/instrumentation of ear (cotton bud etc)/not sure

Hearing loss came on suddenly (within 3 days)*/gradually

Hearing loss is stable/getting worse/fluctuates

Hearing loss is associated with fullness in the ear/discharge from the ear*/pain in the ear*/balance disturbance*/ popping or clicking sensation/ ringing in the ear (if present, see tinnitus pro forma)

I have already/previously tried hearing aids/antibiotic tablets/antibiotic ear drops/steroid tablets/steroid in ear injections/dewaxing/Serc (betahistine)

*email ENT to re-triage

Left Ear

Hearing loss new/pre-existing (how long has it pre-existed)/new but happened before (when and dates)

Hearing loss came on after a cold/head or ear injury/swimming/instrumentation of ear (cotton bud etc)/not sure

Hearing loss came on suddenly (within 3 days)*/gradually

Hearing loss is stable/getting worse/fluctuates

Hearing loss is associated with fullness in the ear/discharge from the ear*/pain in the ear*/balance disturbance*/ popping or clicking sensation/ ringing in the ear (if present, see tinnitus pro forma)

I have already/previously tried hearing aids/antibiotic tablets/antibiotic ear drops/steroid tablets/steroid in ear injections/dewaxing/Serc (betahistine)

*email ENT to re-triage

Past medical History

Do you have any other medical conditions?

Have you been seen by another ENT service or had any relevant imaging?

Have you previously had any surgery on your ears?

Have you previously had any surgery?

Have you recently had chemotherapy or strong antibiotics into your veins?

Drug history

Which medications are you regularly taking?

Do you have any drug allergies?

Family history

Does anyone in your family have trouble hearing?

Social history

Have you previously had prolonged exposure to loud sounds?

Do you smoke? If so, how many cigarettes a day?

Do you drink alcohol? If so, how many units a week?

Free text notes including any particular requests from patient:

Please give patient Speech and Spatial Qualities Questionnaire & Satisfaction questionnaire

Standardised history proforma of tinnitus for audiologists

Name

Age

Occupation

Right ear

Tinnitus new/pre-existing (how long has it pre-existed)/new but happened before (when and dates)

Tinnitus came on after loud noise exposure/a cold/head or ear injury/ swimming/ instrumentation of ear (cotton bud etc)/ not sure

Tinnitus came on suddenly/gradually

Tinnitus level (loudness and duration) is stable/getting worse/fluctuates

Tinnitus is associated with fullness in the ear/discharge from the ear*/pain in the ear*/balance disturbance*/popping or clicking sensation/ hearing loss in the ear (if present, see hearing loss pro forma)

Tinnitus wakes me from sleep/makes it hard for me to sleep/both

I have already/previously tried hearing aids/steroid tablets/steroid in ear injections/dewaxing/Serc (betahistine)/mindfulness/white noise distraction/therapies (cognitive behavioural/tinnitus retraining/group etc)

*email ENT to re-triage

Left Ear

Tinnitus new/pre-existing (how long has it pre-existed)/new but happened before (when and dates)

Tinnitus came on after loud noise exposure/a cold/head or ear injury/ swimming/ instrumentation of ear (cotton bud etc)/ not sure

Tinnitus came on suddenly/gradually

Tinnitus level (loudness and duration) is stable/getting worse/fluctuates

Tinnitus is associated with fullness in the ear/discharge from the ear*/pain in the ear*/balance disturbance*/ popping or clicking sensation/ hearing loss in the ear (if present, see hearing loss pro forma)

Tinnitus wakes me from sleep/makes it hard for me to sleep/both

I have already/previously tried hearing aids/steroid tablets/steroid in ear injections/dewaxing/Serc (betahistine)/mindfulness/white noise distraction/therapies (cognitive behavioural/tinnitus retraining/group etc)

*email ENT to re-triage

Past medical History

Do you have any other medical conditions?

Have you been seen by another ENT service or had any relevant imaging?

Have you previously had any surgery on your ears?

Have you previously had any surgery?

Have you recently had chemotherapy or strong antibiotics into your veins?

Drug history

Which medications are you regularly taking?

Do you have any drug allergies?

Family history

Does anyone in your family have trouble hearing?

Social history

Have you previously had prolonged exposure to loud sounds?

Do you smoke? If so, how many cigarettes a day?

Do you drink alcohol? If so, how many units a week?

Free text notes including any particular requests from patient:

Please give patient Tinnitus Handicap Inventory & Satisfaction questionnaire

