



Tinnitus Case History Form

Patient Name: _____ Date of Birth: _____

Date: _____ Phone Number: _____

Address: _____

Gender: (check one) Male Female Transgender Male-to-Female Transgender Female-to-Male Non-Binary

There are genetic, medical and lifestyle factors that can increase your risk of developing hearing loss and tinnitus. Hearing loss, when left untreated, can also lead to a host of other medical conditions. The questions below are intended to understand your overall health history.

1. Direct Risk Factors for Hearing Loss and Tinnitus

Age: Age is a primary risk factor for hearing loss & tinnitus.

Please mark if you are within any of the following categories:

- 60-70 years old have an 50% increased risk of developing hearing loss
- 70-80 years old 66% increased risk of developing hearing loss
- Over 80 years old 80% increased risk of developing hearing loss

Genetics: Our genetics increase our predisposition for developing hearing loss and tinnitus.

Family History of Hearing Loss **If checked,** who is the family member? _____

Ear Health: Ear disease and infections is a primary risk factor for hearing loss & tinnitus.

Please mark if you have any of the following:

- History of Ear Infections **If checked, which ear:** Right Left Both
- Ear Surgery **If checked, which ear:** Right Left Both

Noise Exposure: Exposure to loud noise can cause damage to the inner ear. A one-time exposure to an extremely loud sounds or listening to loud sounds for a long period of time can cause hearing loss. Check the situations below where you have been exposed to loud noise.

Type of Noise	Typical Response	Exposed?
Gas-powered lawn mowers and leaf blowers	Damage to hearing after 2 hours of exposure	
Motorcycle and/or commercial vehicles	Damage to hearing after 50 minutes of exposure	
Approaching subway train, or sporting events (such as hockey playoffs and football games)	Hearing loss is possible after 15 minutes of noise exposure	
Listening at the maximum volume level for personal listening devices; a very loud radio, stereo, or television; and loud entertainment venues (such as nightclubs, bars, and rock concerts)	Hearing loss is possible after 5 minutes of noise exposure	



Mental Health Concern: Untreated hearing loss and tinnitus increases the likelihood of experiencing depression, isolation and loneliness.

Are you experiencing feelings of sadness or depression? Yes No

Are you feeling on edge or stressed lately? Yes No

Are you feeling lonely? Yes No

Do you find yourself avoiding situations with others? Yes No

Falls: Untreated hearing loss and tinnitus increases your risk of a traumatic fall by 140%.

Have you fallen in the past 12 months? Yes No

If yes, have you been injured? Yes No **If you marked yes,** please describe: _____

Are you concerned about falling? Yes No

Do you experience dizziness? Yes No

If yes, does the dizziness feel like: Lightheadedness Fainting/near fainting Imbalance Spinning sensation

If you marked yes, when did the dizziness begin? _____

If you marked yes, how often does the dizziness occur? _____

4. Tinnitus

Tinnitus: Phantom sounds in your ear(s) and/or head that occur in 90% of people living with hearing loss.

Are you experiencing any tinnitus? Yes No **If yes,** I have been experiencing tinnitus for _____ months/years

My tinnitus is in my: Right Left Both

My tinnitus is: Constant Only Noticeable in Quiet Intermittent Pulsates

On a scale of 1-10 (1 = 'what tinnitus' and 10 = 'make it stop!'), I would rate the annoyance of my tinnitus as _____

Initial Tinnitus:

When did your tinnitus first begin: _____

Did the tinnitus begin: (check one) Gradually Suddenly

Has the tinnitus been present constantly since this date: (check one) Yes No

If no, when was the break: _____

Were there any accidents/life changes/medication changes/etc. immediately prior to the onset of the tinnitus:

(check one) Yes No

If so, which event: (check one)

Noise Exposure

Change in hearing

Change in Medication

Head/neck trauma

Stress

Other: _____

Motor Vehicle Accident

Change in health/disease



5. Treatment of Your Tinnitus

Have you ever or do you currently have a treatment program in place for your tinnitus?

- Yes No

What have you tried to suppress the tinnitus: (check all that apply)

- Acupuncture
- Biofeedback
- Cochlear Implant(s)
- Transcranial Magnetic Stimulation
- Cognitive Behavioral and Mindfulness Based Stress Reduction
- Surgery- explain: _____
- Drug Therapy- List: _____
- Diet Change(s)
- Earplug(s)
- Exercise
- Hearing Aid(s)
- Sound therapy/Hearing masker(s)
- TMJ Treatment

Which options helped suppress the tinnitus: (check all that apply)

- Acupuncture
- Biofeedback
- Cochlear Implant(s)
- Transcranial Magnetic Stimulation
- Cognitive Behavioral and Mindfulness Based Stress Reduction
- Surgery- explain: _____
- Drug Therapy- List: _____
- Diet Change(s)
- Earplug(s)
- Exercise
- Hearing Aid(s)
- Sound therapy/Hearing masker(s)
- TMJ Treatment

Which options made the tinnitus worse: (check all that apply)

- Acupuncture
- Biofeedback
- Cochlear Implant(s)
- Transcranial Magnetic Stimulation
- Cognitive Behavioral and Mindfulness Based Stress Reduction
- Surgery- explain: _____
- Drug Therapy- List: _____
- Diet Change(s)
- Earplug(s)
- Exercise
- Hearing Aid(s)
- Sound therapy/Hearing masker(s)
- TMJ Treatment

Does head/neck movement change the tinnitus: (check one) Yes No

If so, does movement make the tinnitus: (check one) Less noticeable More noticeable

Have you seen another healthcare professional for the tinnitus: (check one) Yes No

If so, who and when: (check all that apply)

- Primary Care Physician: _____
- Naturopathic Physician: _____
- Ear, Nose, and Throat (ENT) Physician: _____
- Neurologist: _____
- Audiologist: _____
- Other: _____

Do you feel emotional or physical stress when the tinnitus is present: (check one) Yes No

If so, when is it worse: _____



Have you discussed the tinnitus with family, friends, and/or doctors/professionals: (check one) Yes No
If so, what was his/her/their response: _____

Are you currently pursuing any form of compensation, sickness benefit, motor vehicle claim, or any other
legal action related to your tinnitus: (check one) Yes No
If so, Medical contact: _____

Legal contact: _____