

Tinnitus Case History Form

Patient Name:		Date of Birth:
Date:	Phone Number:	
Address:		
Gender: (check one) □ Male	e □Female □Transgender	r Male-to-Female □Transgender Female-to-Male □Non-Binary
	ntreated, can also lead to a l	can increase your risk of developing hearing loss and tinnitus. host of other medical conditions. The questions below are intended
I. Direct Risk Fac	tors for Hearing Lo	oss and Tinnitus
	isk factor for hearing loss & within any of the following	
\square 60-70 years old have	e an 50% increased risk of	f developing hearing loss
\square 70-80 years old 669	% increased risk of develop	ping hearing loss
☐ Over 80 years old 8	30% increased risk of devel	loping hearing loss
Genetics: Our genetics	s increase our predispositio	on for developing hearing loss and tinnitus.
☐ Family History of He	earing Loss <i>If checked</i> , v	who is the family member?
Ear Health: Ear disease Please mark if you have	·	ry risk factor for hearing loss & tinnitus.
☐ History of Ear Infection	ons If checked, which e	ear: 🗆 Right 🗆 Left 🗆 Both
☐ Ear Surgery If ch e	ecked, which ear: 🗆 Righ	nt 🗆 Left 🗆 Both
•		se damage to the inner ear. A one-time exposure to an

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	

situations below where you have been exposed to loud noise.



Additional situations which expose y	ou to damaging	levels of nois	e:			
☐ Military Service ☐ Recreational	Firearms 🗆 I	Employment				
☐ If you checked any of the above, d	o you wear hear	ing protectior	n? 🗌 Yes	□ No	☐ Sometimes	
Medications: Pharmaceuticals can a you have been exposed to:	ffect the ear and	d cause hearir	ig loss and ti	nnitus. F	lease check the me	edication
\square Cancer Treatment (i.e. Chemother	rapy)	□ Intraveno	us of Amino	glycoside	Antibiotics	
☐ Intravenous of Fluoroquinolones (i.e. Ciproflaxin)	_		-	roxen (Aleve), ophen (Tylenol)	
2. Indirect Risk Factors for	Hearing L	oss and T	innitus			
Health Conditions: Many common health conditions y		_	intly increase	e the risk	of hearing loss and	tinnitus.
☐ Cardiovascular Disease	☐ Thyroid Di	sease				
☐ Diabetes or Pre-Diabetes	☐ History of	Smoking				
☐ Kidney Disease	☐ Head Trau	ıma				
☐ Autoimmune Disease						
Damage to the ear that causes heari physical and cognitive health.		itus can have	a significant	: impact c	on your social, emot	ional,
Difficulty Hearing: Please check th	e health conditi	ons that you a	are experien	cing:		
☐ Missing parts of what other peopl	e are saying		☐ I often n	eed the T	V louder than othe	rs
☐ Difficulty following a conversation	in background	noise	☐ People a	around m	e mumble a lot	
☐ My family/friends tell me I have a	problem hearing	g/listening	☐ Difficult	y hearing	on the phone	
If you checked any of the above, ho	w long have you	ı been experie	ncing these	difficulti	es?	
☐ Sudden ☐ Past 90 days	□ 1-3 years	☐ 4-7 yea	ars 🗆 10	+ years		
Have you ever had a hearing test?	□ Yes □ No	<i>If Yes</i> , when	?			_
Cognitive Decline: Untreated hearing Improved hearing may positively improved hearing may proved hearing may be a second may be			•	of demen	tia by 200-500%.	
Are you experiencing any memory lo	ss? 🗆 Yes [□ No				
Do you have a family history of Dome	ontia or Alzhoim	ors? \square Vos	П Мо			



Mental Health Concern: Untreated hea isolation and loneliness.	ring loss and tinnitus increases th	ne likelihood of experiencing depression,
Are you experiencing feelings of sadnes	s or depression? 🛮 Yes 🔻 No	
Are you feeling on edge or stressed late	y? □ Yes □ No	
Are you feeling lonely? ☐ Yes ☐ No		
Do you find yourself avoiding situations	with others?	
Falls: Untreated hearing loss and tinnitu	us increases your risk of a trauma	tic fall by 140%.
Have you fallen in the past 12 months?	☐ Yes ☐ No	
<i>If yes,</i> have you been injured? ☐ Y	'es □ No If you marked yes , ple	ease describe:
Are you concerned about falling?	es 🗆 No	
Do you experience dizziness? Yes	□ No	
If yes, does the dizziness feel like: ☐ Lig	htheadedness 🗆 Fainting/near f	ainting 🛘 Imbalance 🖺 Spinning sensation
If you marked yes, when did the	dizziness begin?	
If you marked yes, how often doe	es the dizziness occur?	
. Tinnitus		
Tinnitus: Phantom sounds in your ear(s	s) and/or head that occur in 90%	of people living with hearing loss.
Are you experiencing any tinnitus?	Yes □ No <i>If yes,</i> I have been e	xperiencing tinnitus for months/years
My tinnitus is in my: 🛘 Right 🗘 Lef	t □ Both	
My tinnitus is: ☐ Constant ☐ Only I	Noticeable in Quiet 🏻 🗆 Intermit	tent 🗆 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) □G	radually Suddenly	
Has the tinnitus been present constantl	y since this date: (check one)	∕es □No
If no, when was the break:		
Were there any accidents/life changes/r	nedication changes/etc. immedia	ately 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 yo	our tinnitus?
☐ Yes ☐ No		
What have you tried to suppress the	tinnitus: (check all that apply)	
□Acupuncture	□ Diet Change(s)	☐ Hearing Aid(s)
□ Biofeedback	☐ Earplug(s)	☐ Sound therapy/Hearing masker(s)
□ Cochlear Implant(s)	□Exercise	☐TMJ Treatment
☐ Transcranial Magnetic Stimulation		
☐ Cognitive Behavioral and Mindfuln		
☐ Surgery- explain:		
□ Drug Therapy- List:		
Which options helped suppress the t	innitus: (chock all that apply)	
Acupuncture	□ Diet Change(s)	☐ Hearing Aid(s)
□ Biofeedback	☐ Earplug(s)	☐ Sound therapy/Hearing masker(s)
	□ Exercise	☐ Sound therapy/hearing masker(s)
☐ Cochlear Implant(s) ☐ Transcranial Magnetic Stimulation		□ IMJ Treatment
Cognitive Behavioral and Mindfuln		
_		
☐ Surgery- explain:		
Drug Merapy- List.		
Which options made the tinnitus wo	rse: (check all that apply)	
☐ Acupuncture	☐ Diet Change(s)	☐ Hearing Aid(s)
☐ Biofeedback	☐ Earplug(s)	☐ Sound therapy/Hearing masker(s)
☐ Cochlear Implant(s)	□ Exercise	☐ TMJ Treatment
☐ Transcranial Magnetic Stimulation		This freatment
☐ Cognitive Behavioral and Mindfulne		
Surgery- explain:		
Drug Therapy- List:		
Drug Merupy List.		
Does head/neck movement chan-	ge the tinnitus: (check one) \Box Ye	es 🗆 No
		ss noticeable
Have you seen another healthcare		
If so, who and when: (check		,
•		
3		
<u> </u>		
Do you feel emotional or physical	stress when the tinnitus is pres	ent: (check one) □Yes □No
		,
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Have you discussed the tinnitus with family, friends, and/or doctors/professionals: (check one) \Box Yes \Box No If so, what was his/her/their response:
Are you currently pursing 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: