



Center for Dizziness and Imbalance

5 N Maple Avenue, Suite 100

La Plata, Maryland 20646

410-696-3669 ph | 410-695-3769 fax

First visit

Follow-up

Annual check

**GENERAL MEDICAL HISTORY**

Patient's Name

Today's Date

Describe the purpose of today's visit:

When was your last hearing test?

Have you ever had ear surgery?

Is there any family history of hearing loss?

Please indicate if you are experiencing any of the following:

- Ear pain
- Ear fullness
- Ear drainage
- Dizziness
- Headache
- Nausea
- Sudden loss of hearing
- Difference in hearing between right and left ear
- Ringing in one or both ears
- Prolonged loud noise exposure
- Sensitivity to sound
- Changes in vision

Please indicate if you are being treated for any of the following:

- Ear infection
- Heart condition
- Blood disorder
- Blood pressure
- Cancer
- Diabetes
- Migraine
- Stroke
- Seizure
- Head injury
- Neurological disorder
- Other long term illness

Please describe any current or previous experience with hearing aids and/or other hearing assistive devices:

Please describe previous surgeries, if any:

Please list current medications below:

Is there anything else that you would like for us to know before treating you?