

HEALTH HISTORY

Patient: _____

Hypertension	• Yes • No	Cholesterol	• Yes • No
Irregular Heart Beat	• Yes • No	Ulcers or Reflux (GERD)	• Yes • No
Angina or Heart Attack	• Yes • No	Asthma	• Yes • No
Sleep Apnea	• Yes • No	Cancer	• Yes • No
Heart/Congestive Heart Failure	• Yes • No	Diabetes	• Yes • No
Thyroid Disease	• Yes • No	Blood Transfusions	• Yes • No
Liver Disease/Hepatitis	• Yes • No	Bleeding Problems	• Yes • No
Kidney Disease	• Yes • No	Immune Supression or HIV	• Yes • No
Seizures	• Yes • No	History of Bleeding Problems	• Yes • No
Psychiatric Problems	• Yes • No	Tuberculosis or Herpes	• Yes • No

Do you have hearing loss?	• Yes • No	• Right • Left • Both
Do you have ringing in the ears?	• Yes • No	• Right • Left • Both
Do you have pain the ears?	• Yes • No	• Right • Left • Both
Do you or have you had drainage from the ear?	• Yes • No	• Right • Left • Both
Do you have ear fullness, plugging, or popping?	• Yes • No	• Right • Left • Both
Do you or have you had the frequent ear infections?	• Yes • No	• Right • Left • Both
Do you wear hearing aids?	• Yes • No	• Right • Left • Both
Have you ever had ear surgery?	• Yes • No	• Right • Left • Both
Has anyone in your family had ear surgery or early onset hearing loss?	• Yes • No	
Do you drink large amounts of coffee or tea?	• Yes • No	
Have you been exposed to loud noises (machinery, gunfire, music)?	• Yes • No	
Do you have dizziness or vertigo? (mark all that's appropriate)	• Yes • No	

- Lightheadedness, "drunk-feeling" • Black out, fainting or loss of consiousness
- Objects spinning around you • Swimming sensation in the head
- You are spinning inside • Unsteadiness • Nausea
- Tendency to fall • Rocking or floating • Vomiting

When did the dizziness first occur? _____

Is your dizziness constant or nearly constant?	• Yes • No
Do you get a headache associated with your dizziness?	• Yes • No
Does your dizziness occur in "attacks"?	• Yes • No
How long do the attacks last? _____	
Do you get dizzy from getting out of bed or up from a chair?	• Yes • No
Do you take aspirin on a regular basis?	• Yes • No
Do you take blood thinners?	• Yes • No

What medications are you taking? _____

Other Information: _____
