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5900 Sepulveda Boulevard • Suite 335 • Sherman Oaks • California 91411

Shahrzad Cohen, Au.D., M.S.  
Doctor of Audiology

## HEARING HEALTH HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female Other

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Have you ever worked or been exposed to loud sounds during work hours? Please describe.

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Have you been in the military or used firearms? \_\_\_\_\_

Have you been exposed to loud sounds during recreational time? Please consider hobbies such as power tools, listening to loud music, or driving loud sports cars? Please name any sources of noise during youth. \_\_\_\_\_

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What is your concern or hearing issues that brings you to our office today? \_\_\_\_\_

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When did the problem or concern start? How long ago? \_\_\_\_\_

Was there a specific incident that caused your problem? \_\_\_\_\_

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Does your significant other or friends complain of you missing information during conversation?

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Do you notice yourself missing conversations? in any particular setting or situation? Do you have a hard time understanding speech with background noise or large meetings? \_\_\_\_\_

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Is there a family history of hearing loss ? YES / NO

Do you have any ringing (tinnitus) or noise in your ears? YES / NO

When did the tinnitus start? Can you guess the cause? \_\_\_\_\_

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Where do you hear the tinnitus?      Right      Left      Both

How does the tinnitus sound to you?

Ringing      Thumping      Pulsing      Hissing      Buzzing      Voices      Roaring      Humming

Other: \_\_\_\_\_

Is the tinnitus:      Constantly Present      Intermittent      Appears in Attacks

If in attacks, how often? \_\_\_\_\_

How long does it last for? \_\_\_\_\_

Any warning signs? \_\_\_\_\_

What bring it on? \_\_\_\_\_

What makes it better or go away? \_\_\_\_\_

Is the tinnitus heard at a constant level or does it fluctuate? \_\_\_\_\_

Are the tinnitus problems affected or brought on by any of the following conditions?

Moving the jaw      Turning the head      AS salt intake      Stress      Flying      Sinus issues      Diving

Sudden position change      Loud sounds      Time of the month      Headache      Migraine      Neck pain

Standing up      Particular food      Time of day      Fullness in ears      Lack of sleep



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How does the tinnitus affect you?

Does tinnitus interfere with speech understanding?

Does tinnitus prevent you from falling asleep?

Does tinnitus interfere with sleeping peacefully?

Does tinnitus wake you up?

Does the tinnitus get worse at any time of the day or night, or is it constant throughout? \_\_\_\_\_

\_\_\_\_\_

Is there a family history of tinnitus?      YES      NO

If so, who? \_\_\_\_\_

Have you consulted any other professionals regarding your tinnitus? Please

provide us with the name, phone number, and the results of the study. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently suffering from any health conditions?      YES      NO

If yes, please name the conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Are you currently taking any prescription or over-the-counter medications? If so, what are they?

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Are you Suffering from any of the following conditions?

- |                                     |                                  |                         |
|-------------------------------------|----------------------------------|-------------------------|
| Cardiovascular issues               | Fainting                         | High cholesterol        |
| Low blood pressure                  | Palpitations                     | Low sugar               |
| Depression                          | Pain in bones of the back or jaw | Pneumonia               |
| Migraine, Sinus or tension headache | Lupus/other autoimmune disease   | Reflux/Hiatal Hernia    |
| Eye problems                        | Cataract                         | Double vision           |
| Neurological issues                 | Memory loss                      | Multiple Sclerosis      |
| Muscle, paralysis or weakness       | Speech disturbance               | Bladder Problems        |
| Kidney problem                      | Anemia                           | Heart problems          |
| High blood pressure                 | Diabetes                         | Thyroid disorder        |
| Unusual amounts of stress           | Arthritis                        | Sinusitis               |
| Asthma                              | Ulcer                            | Irritable bowel         |
| Poor vision in one eye              | Macular Degeneration             | Eye pressure            |
| B12 Deficiency                      | Pins and needles, numbness       | Meningitis              |
| Seizures                            | Tremor or incoordination         | Sexual function problem |
| Prostate problems                   |                                  |                         |



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Are you or have you ever had Cancer of any kind?            YES            NO

If yes, what kind and what was the treatment provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any of the following medications?

Aspirin, in large dosage

Furosemide (Lasix)

Kanamycin (antibiotic)

Malaria prevention drugs (chloroquine, Larium)

Tobramycin (antibiotic)

Cisplatin (for cancer)

Tamoxifen (to prevent breast cancer)

Gentamicin (antibiotic)

Streptomycin (antibiotic)

Vancomycin (antibiotic)

Have you ever had any back, head, or ear injuries?            YES            NO

If yes, please provide date and explanation of the accident. \_\_\_\_\_

\_\_\_\_\_

Are you currently in litigation or considering litigation about symptoms related to this visit?    YES    NO

If yes, what kind of litigation are you involved with?            Personal Injury            Workers Comp            Other

Please provide us with the name and number of the counselor assisting you with the legal process.

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