

VETERAN CASE HISTORY

Confidential Veteran Information



PLEASE PRINT

Date of Examination _____

Patient Full Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: M F Martial Status: S M D W
Month Day Year Please Circle Please Circle

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

SIGNATURE: _____

Veteran Interview Information

Served in which US Branch: _____ Combat: Yes / No

Date of Service: _____ Job(s) During Military Service _____

War or Mission: _____ Description of Noise Exposure in Military: _____

_____ Did you use ear protection? _____

Describe Head or Ear Trauma in Military _____

History with Ears / Hearing According to Veteran

Currently Wearing / Has Worn / Never Worn Hearing Aids: Type and Ear _____

Hearing Loss: Yes No Maybe Starting Date: _____

Which ear has more loss: Left Right Same What impact does your hearing loss have in your life _____

Tinnitus/Ringing: Yes No Constant Intermittent Right-ear Left-ear Bothears

Tinnitus Starting Date: _____ AS=AD AS AD AD AS

Tinnitus Sounds Like: _____ (ring, hum, buzz) Loudness: _____ (scale:1-10)

How often do you experience the Tinnitus? _____

How does your tinnitus effect your life? _____

Dizziness/Imbalance: Yes No Started and Describe: _____

Ear Problem Currently: Yes No Started and Describe: _____

Seeing MD for Ears: Yes No Describe: _____

Ever have Ear Surgery?: Yes No Describe: _____

History of Familial Hearing Loss: Yes No Who other than old age: _____

History of Ear Disease? _____

Noise Exposure According to Veteran

What type of occupation before Military? _____

Occupational Noise Exposure: Before Military Duty: _____ Hearing Protection?: _____

What type of occupation after Military? _____

Occupational Noise Exposure after Military Duty: _____ Hearing Protection?: _____

If so, how many years have you worked around loud noise? _____

Where did the noise come from? _____

Any problems with Hearing Protection Devices?: _____

Loud Music: _____ (concerts/bands/stereo) Noisy Hobbies: _____

Firearms: _____ (other than in service) Hearing Protection: _____

Power Tools: _____ (chain saw / drill press) Hearing Protection: _____