

Hearing Test Frequency

Patient Name:	
Date of Birth:	
Date of Last Hearing Test:	

Hearing Health Assessment

Medical History Review	
Questions or Guidelines	Notes
<ul style="list-style-type: none">Any history of ear infections, trauma, or surgeries?Family history of hearing loss?Occupational or recreational noise exposure?	
Current Hearing Concerns	
Questions or Guidelines	Notes
<ul style="list-style-type: none">Describe any changes in hearing ability since the last test.Any ringing in the ears (tinnitus) or balance issues?	
Listening Environment	
Questions or Guidelines	Notes
<ul style="list-style-type: none">Describe typical listening environments (e.g., quiet office, noisy construction site).Any difficulty hearing in specific situations (e.g., meetings, restaurants)?	

Existing Hearing Devices	
Questions or Guidelines	Notes
<ul style="list-style-type: none"> • Do you currently use hearing aids, cochlear implants, or assistive listening devices? • Are you experiencing any issues with your current devices? 	
Lifestyle Factors	
Questions or Guidelines	Notes
<ul style="list-style-type: none"> • Smoking habits and alcohol consumption (as they relate to hearing health). • Medications known to affect hearing (e.g., ototoxic drugs). 	

Frequency Recommendation
Based on the assessment and John's specific circumstances, I recommend the following hearing test frequency:
Annual Hearing Test:
Biennial Hearing Test:
Triennial Hearing Test:
Other:
Comments / Notes