

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 |
| |