

**California State University, Fresno**  
**Speech, Language and Hearing Clinic**  
**5310 North Campus Drive, M/S PH 80**  
**Fresno, CA 93740-8019**  
**(559) 278- 2422 (559) 278-5187 fax**

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

Do you suspect you have a hearing loss:      Yes      No

If yes, in which ear(s):      right      left      both

Do you experience tinnitus (noise) in your ears:      Yes      No

If yes, in which ear(s):      right      left      both

Do you currently have tinnitus:      Yes      No

If yes, what were the findings: \_\_\_\_\_

Are there other family members who have a hearing loss:      Yes      No

If yes, whom and describe hearing loss: \_\_\_\_\_

Have you ever tried hearing aids:      Yes      No

Describe any ear surgery, if applicable: \_\_\_\_\_

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(Below is for clinician's use)

**	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz	8000 Hz
Right						
Left						

\*\* Screened at \_\_\_\_\_ dB HL

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Clinician Signature

\_\_\_\_\_  
Supervising Audiologist Signature