

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: _____

(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