



UMassMemorial
Medical Center

Place sticker here

UMass Memorial Medical Center Audiology

COCHLEAR IMPLANT (CI) PATIENT HISTORY

HEARING HISTORY

Hearing loss (HL) First identified (date/age): Cause: Describe: Sudden Progressive Stable Since birth

Right (R): _____

Left (L): _____

Able to use a telephone on the R: Yes No L: Yes No

Hearing aid: Make and model: Start date of use: End date of use: Avg use (hr/day):

R: _____

L: _____

Have you received a CI? Yes No If yes, which side? R L

Check box if tinnitus (ringing) or dizziness present before or after CI (line 1) and indicate when more severe (line 2):

Pre-CI: Post-CI: Same:	Pre-CI: Post-CI: Same:	Pre-CI: Post-CI: Same:
Tinnitus on R <input type="checkbox"/> <input type="checkbox"/>	Tinnitus on L <input type="checkbox"/> <input type="checkbox"/>	Dizziness <input type="checkbox"/> <input type="checkbox"/>
Worse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Worse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Worse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Expectations of CI surgery: _____

Family history of HL (list relatives): _____

MEDICAL HISTORY

Autism <input type="checkbox"/>	Depression <input type="checkbox"/>	Vision loss <input type="checkbox"/>	Diabetes <input type="checkbox"/>
ADHD <input type="checkbox"/>	Intellectual disability <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Heart condition <input type="checkbox"/>
Memory loss <input type="checkbox"/>	Substance abuse <input type="checkbox"/>	Severe asthma <input type="checkbox"/>	Kidney condition <input type="checkbox"/>

Infection history: Chicken pox _____ Measles _____ Influenza _____ Meningitis _____
 (year/age) Scarlet fever _____ Mumps _____ Diphtheria _____ Encephalitis _____

Exposure history: IV Antibiotics Chemotherapy Anti-malaria meds Heavy metal Lasix/Furosemide

Prior head/neck surgery (surgery, date/age): _____

Prior head/neck radiation (date/age): _____

Other medical conditions: _____

SOCIAL HISTORY

The following questions are used for research purposes only. You are not required to answer these questions

Zip code: _____ Birth country: _____ Age at immigration to US: _____

Primary language: English Other _____ ASL/nonverbal communication

English proficiency: Fluent Conversational Simple sentences/phrases Few words/none

Highest education: Some high school High school Some college College Graduate school

Income level: <\$10,000 \$10,000-\$50,000 \$50,000-\$100,000 >\$100,000

Current or past use of the following support services:

Speech/language therapy Sign language Early intervention Vision services

Physical/Occupational therapy Social work Psychological Support group