Fine Hearing Care
Come home for your hearing healthcare

Military Intake

Hearing Solutions

Welcome to Oklahoma Hearing Solutions, we want to provide excellent hearing care to you. Please tell us a little about yourself by completing as much as possible on this form.

PERSONAL INFORMATION

Veteran's Name: _____
FIRST MIDDLE LAST

Mailing Address: _____
STREET # STREET APT/UNIT #

_____
CITY STATE ZIP

Preferred Name _____ Social Security Number: _____-_____-_____

Phone Number: _____ Cell:_____ Work:_____

Email: _____

Birthdate: _____/_____/_____ Age: _____ Gender: ▫ Male ▫ Female

Marital Status: ▫ Single ▫ Married ▫ Separated/Divorced ▫ Widowed

Is the Veteran homeless?: ▫ Yes ▫ No

MILITARY HISTORY

Military Branch: ▫ Army ▫ Navy ▫ Marines ▫ Airforce ▫ Coastguard ▫ Reserves ▫ Active

Dates of Service: Enlisted: _____ Discharged: _____

What was your job title during service? _____ MOS:_____

What noise were you exposed to in the military? _____

Did you have Recreational/Social noise exposure during service? ▫ Yes ▫ No
If yes, please explain: _____

Did you have access to hearing protection while in service? ▫ Yes ▫ No
If yes, did you use the hearing protection that was available to you? ▫ Yes ▫ No
If yes, how frequently was it used? _____

Served During: ▫ WWII ▫ Korean War ▫ Vietnam War ▫ Gulf War ▫ Afghanistan War ▫ Iraq War

▫ Other: _____ ▫ None

Combat Activity: ▫ Yes ▫ No

What is your weapons hand preference? ▫ Left ▫ Right ▫ Both

Where have you worked since you left the military? _____

Have you had Occupational noise exposure since you left the military? ▫ Yes ▫ No
If yes, please explain: _____

OTOLIGIC HISTORY

Do you have a family history of hearing loss? ▫ Yes ▫ No
If yes, please explain: _____

Did you have any Recreational/Social noise exposure before you entered the military? ▫ Yes ▫ No
If yes, please explain: _____

How would you describe your hearing? ▫ Hearing is fine/No concern ▫ Difficulty hearing in noisy environments ▫ Difficulty hearing in group situations ▫ Able to hear but not clearly ▫ Difficulty hearing from a distance ▫ Unable to hear

Do you perceive hearing loss? ▫ Yes ▫ No
If yes, date hearing loss began: _____

Does your hearing loss impact ordinary conditions of daily life, including the ability to work? ▫ Yes ▫ No
If yes, please describe impact: _____
Daily life: _____
Work life: _____

Do you feel your hearing is better in one ear versus the other? ▫ Yes ▫ No

Have hearing aids ever been recommended? ▫ Yes ▫ No
Have you ever received hearing aids? ▫ Yes ▫ No
If yes, have they been worn? ▫ Yes ▫ No
If yes, which ear? ▫ Left ▫ Right ▫ Both

Have you ever had ear surgery? ▫ Yes ▫ No
If yes, please describe: _____

Do you have tinnitus? (ringing/noise in the ears) ▫ Yes ▫ No
If yes, in both ears? ▫ Yes ▫ No
Constant or Intermittent? _____
Describe what it sounds like: _____
Are you bothered: ▫ Not at all ▫ Mildly bothersome ▫ Moderately bothersome ▫ Severely bothersome
Date of onset: _____
Circumstances of onset: _____

Does your tinnitus impact ordinary conditions of daily life, including the ability to work? ▫ Yes ▫ No
If yes, please describe impact: _____
Daily life: _____
Work life: _____

Have you been exposed to noises recently, or post-service? (check all that apply)
▫ No, none apply ▫ Fire arms ▫ Aircraft noises ▫ Farm equipment ▫ Heavy equipment
▫ Power tools ▫ Motorcycles/recreational vehicles ▫ Other _____

MEDICAL HISTORY

Please check if you have experienced any of the following: (Check all that apply)

▫ Otosclerosis ▫ Diabetes ▫ High blood pressure

- ▫ Stroke/TIA
- ▫ Labyrinthitis
- ▫ Bell's Palsy
- ▫ Meniere's Disease
- ▫ Radiation/Chemotherapy
- ▫ Barotrauma
- ▫ Meningitis
- ▫ Cancer:_____
- ▫ Measles
- ▫ Ossicular dislocation/fixation
- ▫ Long Term IV antibiotics
- ▫ Acoustic Neuroma
- ▫ Kidney or Renal Disease
- ▫ Permanent Hearing Loss
- ▫ Cholesteatoma
- ▫ Sudden hearing loss
- ▫ Head Trauma
- ▫ Dizziness/Imbalance
- ▫ Autoimmune Disease ▫ Thyroid Disease
- ▫ Other_____

Do you have a pertinent Medical History or Diagnoses related to Hearing Loss and/or Tinnitus? ▫ Yes ▫ No

If yes, please explain: _____

PLEASE READ AND SIGN

I _____, understand that I am here to take a hearing test for VA compensation purposes. I certify that the statements and information provided are true and correct to the best of my knowledge and belief. I further understand that the law provides severe penalties which include fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

_____ _____

Signature Date

Oklahoma Hearing Solutions

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