

**Patient Name:** \_\_\_\_\_

**Kitsap Audiology**  
**2601 Cherry Ave., Suite 211**  
**Bremerton, WA 98310**  
**(360) 373-1250**

**Personal History**

**Medical History**

Do you take any prescription medications on a regular basis? Please list:

Medication: _____	For: _____
Medication: _____	For: _____
Medication: _____	For: _____
Medication: _____	For: _____

Surgeries in the past two years:

Type: _____	Date: _____
Type: _____	Date: _____
Type: _____	Date: _____

Please check any of the following that you currently have or have had in the past:

- Arthritis
- Asthma/Allergy
- High Blood Pressure
- Neurological Symptoms
- Heart Disease
- Hepatitis C
- Sinusitis
- Stroke/TIA
- Measles/Mumps
- Meningitis
- Diabetes
- Head Injury
- Parkinson's
- Visual Trouble- Loss/Sight
- Noise Exposure
- Ringing in the ears
- HIV
- Cancer (please mark if any treatment)
  - Radiation Y / N
  - Chemotherapy Y / N
  - Other \_\_\_\_\_
  - Type of Cancer \_\_\_\_\_