Hearing Clinic History Form

*Please complete prior to your appointment and email to cmcrowe@ucdavis.edu*

Reasons for concerns about hearing:

Siblings, parents, or other relatives with hearing problems:

Other medical problems:

Any history of ear infections?

Any allergies?

Current or historical topical ear medications (administered into the ear):

Current other medications (e.g. Heartguard, thyroxine, supplements, etc.):

Any history of problems with sedation or anesthesia?

Specific goals or questions for the doctor: