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**Audiometric Case History Information (CCF1001)**

Name: \_\_\_\_\_  
Last First Middle Initial

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: M F

Date of Last Hearing Exam: \_\_\_\_\_

Reason: \_\_\_\_\_

**Circle all that apply (in the past year):**

- |                            |       |      |      |
|----------------------------|-------|------|------|
| Ear pain                   | Right | Left | Both |
| Drainage from ear          | Right | Left | Both |
| Dizziness                  | Right | Left | Both |
| Ringing in the ear         | Right | Left | Both |
| Plugged feeling in the ear | Right | Left | Both |
| Cold                       | Right | Left | Both |
| Hearing Difficulty         | Right | Left | Both |
| Firearms/Guns              | Right | Left | Both |
| Loud Music                 | Right | Left | Both |

Place Test Results Here

I acknowledge that this information is accurate to the best of my knowledge and authorize the release of the above information and hearing test results to my employer, Comprehensive Care, and Mobilear Incorporated.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_