



Questions Regarding Your Ear Health

Please respond to the following questions:

1. Otalgia (Ear Pain)

- Do you currently experience any ear pain?
 - Yes
 - No

2. Blood or Drainage

- Have you noticed any blood or unusual drainage from your ear?
 - Yes
 - No

3. Tinnitus (Ringing in the Ears)

- Are you experiencing any ringing, buzzing, or hissing sounds in your ears?
 - Yes
 - No

4. Ear Surgery

- Have you ever had any ear surgery (e.g., tympanostomy tubes, mastoidectomy)?
 - Yes
 - No
 - If yes, please specify: _____

5. Vertigo (Dizziness)

- Have you experienced any episodes of dizziness or spinning sensations?
 - Yes
 - No

Additional Comments:

- Please provide any additional information regarding your symptoms or concerns:
